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# *Surviving Work in the UK*

# Introduction

This eBook is made up of a series of blogs by practitioners and thinkers in the field of workplace relations to think about how to make friends and influence people in a context of precarious work. The blogs were serialised through the LSE's Business Review and [www.survivingwork.org](http://www.survivingwork.org) covering the heart pumping stuff of bullying, perversion, the realities of working in groups and how to get on with the people around you. Many of the contributions focus on healthcare and mental health services and our attempt here is to raise awareness of the realities of a downgraded and demoralised sector. We wrote this not to depress you, but to help you develop a realistic survival strategy grounded on an up to date picture of the future of work.

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# How to make friends and influence people

Elizabeth Cotton

There is no question that workplaces have taken a perverse turn, and I mean that in its brutal Freudian sense. We live in a society where receiving chemotherapy means you are fit for work and 'toxic leadership' has become a mainstream topic on business school curricula. A lot of working life is just unfair .

Not wishing to blind you with Human Resource Management theory, but as precarious work grows, most of us manage our working lives by keeping our mouths shut and withdrawing from each. A new workplace sport grows, how to avoid human contact with co-workers.

## The Precarity Paradox

Precarious work is the new black in academic and policy circles with some good data coming out about low wages, temporary agency work and the impact on the regulation of work in the UK.

What is much less talked about is the reality of these precarious workers themselves and the impact on their mental health – depression, anxiety disorders and suicides - and with this omission a substantial de-humanization of the issues.

Many working people are disorientated by a sense of "liquid fear" at work. This is a state of mind where distinctions between serious and less serious workplace problems can't be made. The smallest mistake becomes the end of your career and you wake up bolt upright sweating at 3am wondering how you're going to handle the next "informal" chat with your line manager. This fear goes right up the management chain, with public and private sector leadership often reduced to talking about the very evident financial crisis only from the safety of retirement.

In the public sector, impossible targets are managed through command-and-control management and there is a stomach-churning rise in racism, whistleblowing and victimisation. According to the people working in the NHS, our health system runs on a 'pervasive culture of fear'. Yes, our national system for promoting health is itself profoundly sick.

Talking about precarious work has an inherent paradox when precarious workers are often just too scared to engage in the debates about work. It is not just the migrant workers working as nurses or the young people under 25 that flood private employment agencies that feel insecure, it affects everyone working in this system. Precarity is inclusive, with senior managers equally unwilling to join the ranks of the self-employed by raising concerns about corporate governance or tax evasion.

Anxiety can do bad stuff to people, encouraging us to retreat into a psychic bunker with members of our occupational tribe (Armstrong D & Rustin M (2015) *Social Defences Against Anxiety: Explorations in a paradigm*. London: Karnac). In a context of workplace insecurity, one of the great seductions is to believe that we are united in the team. Our actual experience can be that when the balance tips in favour of fear our relationships easily break down. This is why any workplace under stress can turn from being a group of benign co-workers to a gangland that splits the them's and us's, the winners from the losers and people end up eating their lunch in the loos.

This fear and loathing of working life encourages us to put our faith in the magic solutions of strategic reviews and marital mergers. An HRM lullaby to rock us to sleep, despite the growing evidence that as the economic crisis deepens so does conflict at work.

## Showing Leadership

Comforting as it is to look upon our managerial leaders as a separate form of human life the reality is that most of them are ordinary people who started out wanting to do something worthwhile. The problem is that something happens in the workplace playground to downgrade our humanity. Two occupational hazards stick out.

Firstly the people that go into leadership roles are highly motivated to do so. One of the problems with this genuine desire to do something productive is that this belief can, with surprising speed and ease, turn into a sadistic guilt pumping sense that it is your duty to save the organisation. Add to this a certain

degree of the old superhero syndrome where despite the managerial casualties littering the corridors somehow you've got what it takes to turn the organisational tide. Managers can become unrealistic at best, careless, demoralised and burnt out at worst.

A second occupational hazard is that to protect our hearts and minds against the disturbing organisational complexities that exist in real workplaces, we become managerially defended. This is a position where our beliefs become facts, certainty replaces anxiety and alls well with the managerial world. A fundamentalism which measures workplace realities through metrics, absence management and where the computer always says no.

In his work *Sex, Death and the Superego* (worth carrying around with you in order to secure a seat on public transport) and *Between Mind and Brain*, the psychoanalyst Ron Britton explores the leadership mind. He argues that a fundamentalist position where the workplace can be divided into winners and losers, productivity and targets, is a reaction to the profound human experience of needing to manage our anxieties in groups. In those times at work when we can't maintain a very human position of 'moderate scepticism' - we fall into a world of absolute certainty or absolute doubt. If our anxiety dominates, our need for certainty goes up hence the growth of increasingly command and control management culture in our workplaces. Britton writes that it's not what we believe but how we believe that determines whether we can work together, and find a way out of the paradoxes inherent in the experience of precarity.

## A Relational Model of Surviving Work

Unfortunately one of the main alternatives to workplace relations is a marketing car crash. Psychoanalytic ideas offer us a humanistic and relational model of how to make friends and influence people based on a deeply unpalatable menu of dependency, death and, in the most sobering of Freud's ideas, that we should aim to just be ordinarily unhappy at work.

Psychoanalytic ideas question a model of measuring work using the box-ticking of the metric age, promoting more profound processes about how to get on with people we don't like and how to grow up. Psychoanalysis offers ways for us to carry out the central task we all have to do when we go to work, to learn to tolerate other people.



As a result it is also a model that promotes talking - not the positivity pumping stuff of listening exercises- rather the establishment of a containing space, what is sometimes called a transitional space using the work of Donald Winnicott (Transitional Objects and Transitional Phenomena, 1951) - where you can say what's on your mind and I am open to being influenced by what you have to say. A developmental rather than a managerial process which accepts that we are all amateurs when it comes to getting on with people at work.

From a psychoanalytic perspective, our only way out of the precarity paradox is to build our relationships with each other. It offers us a relational model of solidarity at work, an ideal that exists precisely because we are all capable of acting defensively and against our own human interests. Working life involves us making the best out of a bad lot - building relationships with the people we actually work with, in all their imperfect, frustrating and diverse glory. This involves accepting that surviving work is not so much about brilliant ideas or leadership qualities, rather to learn how to play nicely with the other children in the workplace playground.

In a context of workplace violence, if there is a fight to be had it is a psychological one. To continue to take the risk of making contact with other people who are not the same as us, who are not perfect and who can really get on your nerves.

# How to make friends at work: A psychoanalytic perspective

Julian Lousada

*“Attachment is a deep and enduring emotional bond that connects one person to another across time and space” (John Bowlby, Attachment & Loss 1969)*

The book [Intelligent Kindness](#) describes workplace dysfunction when it interrogates the consequence of alienated, highly pressurised and target driven workers. The book was concerned with the evasion of political, moral and ethical questions that cannot be answered by the use of targets and economic calculations alone - exposing the weakness of wellbeing ‘lite’.

As the social tide turns against workplace wellbeing and ‘[happiness](#)’ initiatives, the penny has dropped that they are based on desire to improve production. One of the more insidious products of the wellbeing movement is precisely to shift blame onto those who do not respond to the [happiness agenda](#). The use of gardening leave or the sending home the overly stressed worker suggests that recovery is in their hands and should be undertaken alone.

This workplace agenda implies that the workplace, or society, is essentially benign and no systemic enquiry as to what in the working conditions and organisational dynamics might have contributed to the stress in the first place. As in any relationship the ‘mood’ of an organisation changes depending on how successful or threatened it might be, the quality of leadership, working conditions, and on the state of mind of the front line workers.

I don’t want to argue for or against wellbeing strategies at work but rather I want to pose a question about whether, from a psychoanalytic perspective, wellbeing isn’t in fact a compensation for something precious in the social fabric that has been lost.

Some years ago I remember meeting a young boy who had been abandoned by his mother. In her place he adopted a stray dog in the hope that his love for it would sustain him and protect him from the pain of loneliness and despair. The dog helped but could not fulfil what was required of it. I find myself wondering whether the plethora of self help and organisational wellbeing strategies have a similar purpose. This is not an argument for or against self help or the wellbeing strategies but rather to pose the question about what, like the boy's dog, they might be that they are a replacement for?

Wellbeing is not just an internal state of mind or a competence but it is also deeply connected to the individuals relatedness to and experience of the environment of which they are a member.

The danger implicit in the wellbeing ambition is the proposition that all individuals have both the capacity and responsibility for achieving it. Offering massage, meditation, and other wellbeing events conveys a positive message but does little to attend to the precarity of everyday employment and life. This positive view of distress or difficulty strips away the complexity associated with the ordinary daily experience of loss of confidence, insecurity, anxiety and leaves the individual feeling even more of a failure when they can not overcome them.

The UK has a woeful history of attending to mental distress. This is known but there is still an insatiable appetite for over hurried or simplistic solutions so perhaps we need a little more caution, a little more reflection on the kind of message these wellbeing strategies convey. For example the absolute conviction that dependency is detrimental to growth, whilst it is known by us all that we deeply depend for our sense of security and happiness on others throughout our lives.

Within a psychoanalytic model, the sense of wellbeing is not simply a product of our early attachments but also a function of the security we derive from the sense that we live securely in a caring society. Being a citizen is a reciprocal experience in which care is given - via our taxation - to unknown others in the belief that such care will be forthcoming as and when we need it.

The welfare state, however flawed, attempted to provide a range of services demonstrating a commitment to promote social concern and care much in the same way a parent does for a child. In the late 70's following the adoption of a radical model of neo-liberalism, the consensus that supported this enterprise started to change and the Welfare State became the Nanny State - where the parental function became denigrated and replaced by a nanny. The decline of the welfare state is not simply about the decline in services, it was also the systematic destruction of the social project of care.

Back to the little boy, we are left with his question which never quite gets answered - where has my mother gone? One could imagine him struggling with two states of mind; firstly a determination to be self reliant as if he had no confidence that he could either trust or learn from somebody else. Secondly a bewildered state of mind that oscillates between the fear of dependancy on the one hand and a lack of meaning and loneliness on the other.

However comforting a dog or a wellbeing strategy is - the attempt to reduce individual stress associated with the contemporary demands of the workplace and build a sense of belonging ultimately fails because it overlooks the damage and devastating loss caused by the abandoning mother. The nanny can only ever be a substitute for the mother providing a consistent and reliable attachment.

It is both our society and the individuals within it who need this glue of concern and humane development that form the basis for our attachments, the glue that we seem intent on diluting.

# *What happens to us under Neo-liberal conditions*

*Ian Simpson*

Although neo-liberal economic theory purports to promote equality through unfettered free enterprise, this is based upon a false premise. We are not 'all in it together.' The inequality between the 'haves' and the 'have-nots' means that everyone does not start from the same position. In fact, as many eminent economists, including leaders at the IMF and World Bank, now recognise increasing inequality has seriously adverse consequences for the productivity, well-being and effectiveness of any society.

The cultural paradigm lying behind the UK's mental health system is rooted in neo-liberal political and economic theory which argues that unfettered free enterprise elevating self-interest over social and group needs, will optimally organize every facet of society, including mental health and social life. This is a belief system founded upon empirical, scientific principles, which conclude that the nature of reality can be understood by behavioural and materialistic theories of human development, discoverable by a particular form of evidence based research, like randomised control trials.

Of course, evidence-based approaches are not bad per se, it is rather how the 'evidence' is construed and how alternative approaches or models are dismissively excluded which is problematic. The validity of the 'evidence based' research culture is based upon a series of dogmas which fuel a fantasy of discovering a 'perfect', all encompassing understanding of how we function together, dangerously over-objectifying and reducing, rather than valuing, what is human.

My argument is that it is essential that this model is countered and mediated by a wider, more inclusive socially oriented group relational understanding of how we live and interact together.

## Cognitive & Behavioural Therapy

The current trend in social and mental healthcare systems is dominated by the ethos of a structural managed care model which prioritises manualised, individually oriented and focused clinical treatments and the dominant model of Cognitive Behavioural Therapy (CBT) in the NHS. Imposing this model is, in my view, ethically and professionally misinformed. In its attempt to reduce anxiety and risk it actually does the opposite and creates conditions, which increase anxiety and perversely cause trauma, resentment and a reactive defensiveness in staff.

The predominance of CBT as the panacea for mental distress sustains this fantasy that society's ills can be contained within one limited model and views them as technical problems or medical illnesses, as if they were individual problems divorced or separate from the social culture and context within which they occur.

Managed care models foster a cultural context where health and wellbeing becomes commodified and the human relational elements, which are intrinsic to care become devalued. Tasks are organized with other aims in mind, like targets and depersonalized procedural mechanisms and this can create a context, which distances clinicians and care staff from each other and from personal contact with those they care for.

Under the managed care model there has been an explosion in middle managerial jobs largely at the expense of clinical ones and, as a consequence, this has seen a large increase in the pursuit of 'targets' and bureaucratic imperatives. As these are driven on by centralized directives, designed to increase efficiency and throughput, pressures increase upon clinical staff to fulfil what seem like incomprehensible and clinically irrelevant bureaucratic tasks, which, notwithstanding the necessity for properly evaluated practice, are extraneous, unnecessary and stultifying.

A disparity develops between the aims of the managers and administrators and those of clinicians. This is experienced as an imposition from above with little apparent concern for what is actually required to address the pressures of managing the clinical work. Staff stress is increased and levels of anxiety are raised.

Our anxiety increases if we are asked or required to do something we are unable to do because the conditions and the context of the working environment conspire to thwart us in the task. This can lead to situations where financial cuts are implemented in the name of efficiency and staff are still expected to maintain the same work levels with less resources available. If overstretched and overworked staff are asked to achieve unrealistic targets or are compelled to do clinically irrelevant paperwork, if staff are put into situations which leave them feeling impotent and traumatised in the face of patient needs by reducing the type or length of treatments against their professional judgement, then, of course, anxiety will increase.

If we sanction a health care system based on a business model where profit is the motive for efficiency or the rationale for decisions about resources we get one where the desire to reduce financial cost pressures triumphs over ethical, professional and clinical judgement. If we sanction a health care system where financial incentives are the priority we get a system which is likely to become less concerned about staff and patient needs and more likely to cut corners to maximise profit.

### An alternative model

Group analytic theory and practice emphasises the social and relational nature of human beings and our essential interconnectedness. This is not to say that the social or group to which one belongs takes precedence or is elevated above the individual. In essence the focus is upon our interdependency. The aim is to consider the relationship between the individual and the social group as intrinsically and actively linked together dialogically in meaningful interaction. This is an open-ended, emergent process, which requires a safe-enough containing context to thrive, integrating and promoting healthy biological and social processes. A prerequisite for the establishment of any social care system should be based upon a bio-psycho-social understanding of human relationships.

Someone presenting with a mental health problem, for instance, should not be seen as only bringing a separate individual problem. Their problem represents only one aspect of an intricate and complex social/group phenomenon. Individual disturbances should be located in all the aspects of a person's life and in their network of interpersonal relationships. We cannot conceptualise or consider individuals as if they were in isolation from the formative, social and cultural context in which they live and work.

A group analytic understanding is an essential prerequisite to enable healthy containment of anxiety, both for the individual clinician and for their colleagues in the working setting. The fundamental basis for social care systems and for communal life must be the acknowledgement of our interconnectedness in the living and working environments we share together. An organisation does not exist as a thing, outside of ourselves. It is a dynamic, creative, evolving construct, which emerges in the relationship between the people who form it and are formed by it in lived experience.

I spent most of my working life trying to establish and develop, with colleagues, a safe enough context, which optimized the therapeutic potential for staff and patients, in a psychotherapy service in a major teaching hospital. A lot of my time in the latter years was spent defending and protecting staff from the ever increasing imposition of bureaucratic measures, ostensibly designed to improve efficiency and the containment of anxiety generated by the pressures of our workload. As resources were being reduced and a new model implemented from above this created an intolerable situation for clinicians as they struggled to look after the patients in their care and, equally as importantly, to safeguard their own health and wellbeing.

Of course, like any reasonably sized service with a hierarchical pay and status structure in place and the inevitable professional and personal dynamics colliding as they do, we were far from perfect. However, we were able to deal with and contain these at a manageable level because of the sense we had of the basic requirements needed to underpin and stabilize our working model.

This was based upon a set of holding principles formed by an analytic and thoughtful holistic understanding with reflective spaces for staff, which facilitate thinking and working through issues and difficulties and, most importantly, the maintenance of a safe enough/good enough context as a container that will hold staff and patients together throughout these processes. We were informed by our training and professional practice, which enabled us to move towards an understanding, reinforced by experience, that containment and holding staff and patients was a social phenomenon, embedded in our interrelatedness and connectedness rather than one which focuses solely or primarily on individual psychopathology or target driven results.



# Private practice and the silencing of the talking therapies

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Ruth E Jones

A dismayed psychotherapist in the Midlands, struggling to re-build a private practice after a career break, recently came across an advert on Facebook for a local counselling course, promising 'the career of your dreams'. Inevitably it had elicited an array of likes and questions about how long it takes and how much you can earn. Well-intentioned forwardings suggesting this would be a great way for someone's friend to invest their redundancy money.

Over the last thirty years counselling and therapy trainings have proliferated in this country. Passionate people with creative energy and enthusiasm for new approaches have established courses to the extent that BACP alone, just one of the statutory regulators, now has over 40,000 members.

The trends come and go. Brief Cognitive Behavioural Therapy (CBT) is frequently recommended in the NICE (National Institute of Health and Care Excellence) guidelines. Then there's Attachment Therapy and a proliferation of Mindfulness and Mentalization based approaches, as well as the long-established paradigms of psychotherapy praxis. With all trends in therapy the 'evidence base' for each sooner or later shows that they are not a panacea for all ills but, quite reasonably, of help to some of the people some of the time. Meanwhile, NHS and statutory sector therapy services have been relentlessly eroded so that the rare advertised psychotherapy posts attract overwhelming numbers of applicants.

Trainings and professional bodies require candidates to accrue hundreds of clinical practice hours to become qualified and registered, shoehorning many into 'voluntary' placements. Indeed some large counselling organisations, and even NHS therapy services, rely on a continuous stream of unpaid trainee therapists. The business model involves employing a part-time clinician to manage whole teams of unpaid practitioners, citing supervision and the opportunity to gain experience as sufficient reward. While

practicing lawyers and accountants do have a tradition of pro bono contributions to charity, which other field would accept this culture of free labour and the assumptions it creates, both within and about the profession?

Within the psychotherapeutic world there is a rather nostalgic idea that donating many unpaid hours to training and other committees is a way of 'repaying' what one has been given by professional forbearers. This 'generosity' is sustainable because these positions within the professional bodies provide contact with a steady flow of trainees who are required to have personal therapy and supervision. However, these days there can be a rather guilty acknowledgement that trainings are governed by the 'bums on seats' imperative for their own survival. Market forces apply, and a pyramid begins to emerge with trainee lifeblood sustaining the organisational infrastructure. If we then factor in the professional indemnity insurance, annual registration fees and ongoing requirement for CPD once qualified, the pyramid becomes more of an iceberg. From anyone's Inbox it is easy to see how the CPD market has burgeoned. Of course there is an important, healthy dimension to continuing to grow and develop, both as a person and as a professional but it's important to recognise that becoming qualified is just the beginning of the ongoing financial outlay required.

In the absence of properly remunerated and structured jobs most therapists turn to private practice. This, as with other forms of 'self-employment', is not as profitable as is commonly believed. The erstwhile professional registers and collegial referral networks are being outpaced by strategically positioned website based businesses, offering to put your name on the map for a fee. The sky is the limit for spending both money and time on marketing, websites, and social media presence to reach the Facebook and Snapchat generations. Outside the few remaining NHS and university departments is the market place which requires a whole other set of extroverted presentation skills, often at odds with core therapy and counselling aptitudes.

Increasingly therapists encounter that many tentacled beast, the Employee Assistance Programme (EAP), which markets workplace 'wellbeing' packages to businesses and organisations. The EAP operates as a broker between the therapist and the employer, and then matches the employee-patient with a local practitioner, usually simply by trawling the established UKCP and BACP registers by postcode. The therapist accepts the referral for brief work (6-8 sessions usually but sometimes as few as 4) for a pre-set, low fee. Importantly the clinician carries the clinical responsibility for the work while the EAP

middleman harvests the profit. Very good things can be done in short-term work, and many minimum wage EAP clients would be unable to pay for therapy privately. However, the therapist can find themselves working with all manner of distress and disturbance, without meaningful backing from the referrer who is usually an administrator and webmaster and almost never a clinician. Add to this the reality of working as a therapist in this 'gig economy', and it becomes clear that the reality for the clinician is one of precarity.

With the disappearance of many NHS mental health inpatient services, the distress that patients bring into the consulting room is growing. It is widely acknowledged that the population accessing therapy is increasingly so-called 'borderline' (defined by DSM-V as a combination of poor self image, lack of empathy, anxiety, depression, feelings of emptiness, dissociation and unstable relationships, inter alia). Thus the work can be very difficult and requires great resilience. Mental health funding cuts mean that external support can be little more than the (excellent) Samaritans and other phone lines, even for the significant proportion of suicidal people who don't respond to medication. People are suffering and looking for help: newspaper and social media reports have recently highlighted unprecedented levels of teenage self-harm and anxiety, while the Mental Health Foundation continues to remind us that 1 in 4 in the UK will suffer from mental health problems in any given year. More and more robust, multi-disciplinary statutory services are being replaced by this extensive network of private practitioners with varying degrees of experience and training. Practitioners group together with like minded colleagues, creating their own support structures to try to sustain themselves in the work they love and in their commitments to the people they treat. Mental healthcare in the 'Big Society' comes down to a tier of highly motivated, self-resourcing therapists struggling, often at great personal cost, to help heal their community. All this while being drained financially of their honest (not-for-profit) income, policed by ever more simplistic codes of ethics and bullied into defensive practice by naive and time-consuming outcome measures: the Squeezed Middle indeed.

Freud treated hysterical symptoms and neuroses and in so doing created a vocabulary for understanding individual and collective human experience, which revolutionised attitudes and social norms far beyond the clinic. A century later, rather than revealing the psychological realities in our society, the counselling and therapy professions are being increasingly coerced into repatriating people silently back into the very social malaise that is making them ill. It must be time for private practitioners to lift their heads from the grindstone, and speak from the heart about what they know is really happening to themselves and to the people they see. Private doesn't have to mean silent.

# Hoping not Helping

Gillian Proctor

I need help. Therapy perhaps? Life is bleak and I have no hope. Could mental health services help me? I suspect my scores on the PHQ-9 (<https://patient.info/doctor/patient-health-questionnaire-phq-9>) for depression may be high enough to merit acceptance in an IAPT (Improving Access to Psychological Therapies) service although the GAD-7 (<https://patient.info/doctor/generalised-anxiety-disorder-assessment-gad-7>) probably wouldn't demonstrate a 'clinical' level of anxiety as I am avoiding the sources of my anxiety fairly well by not watching or listening to the news.

So I may be accepted at assessment and could be referred to a group or have up to 6 thirty minute 'sessions' (probably over the telephone) with a low-intensity IAPT worker who will have had a year's training and supervised practice on techniques to help with anxiety and depression. I would no doubt be encouraged to stop avoiding the source of my anxiety with the theory that avoidance makes things worse and my hopeless thoughts about the future could be challenged, with encouragement to consider positive scenarios and to get active to test out their viability. Of course, if the assessor on the phone had time to listen to the reasons for my hopelessness in between the list of their mandatory questions to be answered, they may think twice about the likely possibility of my 'recovery' from their 'intervention'. If this poor worker, despite much encouragement to divorce their real understanding of life from their interactions with their patients, hears that I am depressed about the future of mental health care, they may sensibly realise that psycho-education may increase my anger but not reduce my anxiety or depression and they would sensibly refuse me a service so I don't bring down the 'recovery rates' on which their productivity is assessed.

If the harassed low-intensity worker manages, despite their training and acculturation into the IAPT service mentality, to take a moment to empathise with my hopelessness and how this links with their own experience of working in the mental health care system, I may for a moment hold onto a glimmer of hope and at the end of the phone call my PHQ-9 score could have reduced enough to demonstrate recovery. However, I fear that the chances of this are slim.

I struggle to have any sense of hope about the future of mental health care. I believe the future is truly bleak.

Having worked as a Clinical Psychologist and therapist in mental health in the NHS from 1996 to 2013, my journey to complete bleakness has been a long and depressing one. Colleagues in the NHS used to

talk about wheels turning and that we would end up back where we started after some passage of time, but I fear that at this time, the wheel cannot be turned back.

In 2002, I spent 7 months in Chicago, US, where I was horrified by the reality of insurance managed-care. It was clear that the only benefits of this system were for insurance companies, making a huge profit, whilst clinicians and patients were told what they were allowed to do (clinical decisions were made by insurance workers), had to beg for minimal care and clinicians spent most of their time on bureaucracy and administering the insurance company systems to attempt to receive any money.

I wrote at the time (Proctor 2002 (republished in 2015 [PDF] [THE NHS IN 2015](#)) a fictional account of the NHS in 2015, predicting how the discourses in mental health care in the UK in 2002, particularly of 'evidence-based care' and 'efficiency and accountability' were likely to lead us closer and closer to this profit-based model which I imagined would have arrived by 2015 but hoped this could somehow be averted.

I reviewed the situation in the UK in 2015 (Proctor 2015 [PDF] [THE NHS IN 2015](#)) and found that most of my predictions had indeed come true although we had moved closer to a European model of insurance-based care rather than a North American one, and the surreptitious privatisation of the NHS (whilst maintaining the useful political illusion of a free health service) was a steadily rolling wheel, becoming increasingly difficult if not impossible to reverse. I ended this very depressing charting of 'progress' asking:

“Are there still lines of resistance for counsellors and psychotherapists in the NHS who value humanity, relationships, and want to work with distress and powerlessness, as opposed to the denial of inequalities and the messy emotional work which is mental healthcare?

Can we resist and still survive without our values being compromised beyond a level where we can still recognise and live with ourselves?”

At the time I remained hopeful that we could continue to work together to make a difference, but I am now struggling to hold onto any hope whatsoever.

After working for over a year training counsellors in a relational IAPT-accredited approach to counselling (Counselling for Depression based on person-centred principles) at the University of Nottingham and hearing the impact on counsellors of working within IAPT, I am now researching the costs and survival strategies of counsellors attempting to provide an ethical and relational service within IAPT.

The NHS is no longer the institution that I had such loyalty to for so long; believing that working in a free service was the only ethical way forward. Instead, I think it is a system masquerading as the NHS that our nation has held dear to our hearts, whilst steadily being corrupted beyond recognition and set up to prove that most of the 'care' it once provided is too expensive and has become 'inessential' and thus not appropriate to provide freely and equitably.

Yet, all political parties understand the sway of the illusion of the maintenance of a free NHS as we all live under the spectre of the unpredictable demise of our own health. Correspondingly, the Tories promise more money to be invested in mental health (10,000 more mental health workers apparently), and I (sigh and) imagine how this will look. Another 10,000 low-intensity IAPT workers provide jobs for new graduates on low pay, with high stress and burn out and superficial solutions for complex societal problems. Additional investment in 'mental health first aid' will train teachers to spot signs and symptoms in children at risk and then do what? Refer to the new mental health workers? And what will they do? Increase the rates of medication no doubt (and corresponding profits for pharmaceutical companies) and encourage people to face their anxieties and to get on with life even when it's shit.

I have long argued against the medicalisation of mental health, diagnosing difficulties in living that are caused by relational and societal factors. I have now realised the pointlessness of all the arguments I have long purveyed about how the medicalisation of mental health makes the powerful and rich even more rich and powerful and compounds the powerlessness that is surely one of the major root causes of distress. Exactly. That's exactly what the people in power and control are aiming for and they do their job well.

It further worries me that arguments against the medicalisation of distress can be easily co-opted by these same decision-makers to aid their argument that helping people in distress due to social causes should not be covered by 'mental health services', which should only provide for those suffering from clearly distinct and diagnosable conditions. These people deserve a service, whose suffering is not their fault, as opposed to the rest of us who aren't trying hard enough to fit in with societal expectations to 'put up and shut up'.

Does anyone have any hope?

# *Virtually Employed*

-  
Elizabeth Cotton

Coming from a trade union and mental health background I'm familiar with the drill of being wheeled out to deliver bad news. Last week I was invited to join a discussion about the Sharing Economy for the BBC's Talking Business. Is the 'new' Sharing Economy of Uber, Airbnb and TaskRabbit - the love children of social enterprise and digital entrepreneurs - going to replace traditional employment relations? Discuss.

My first thought was what do I wear so that I don't end up looking like a caveman compared to these shiny positive people (answer: black, not fancy dress). Second thought, how to say this without looking like I'm just raining on the panelists' parade of positivity? (answer: no punching or spitting; wheel out some actual facts).

## Virtual Employers

One of the problems about the debates about a sharing and gig economies is that it encourages fairy stories about work. There is a conflation between virtual exchange - such as Airbnb - where people exchange assets, and the use of virtual employment - Deliveroo and Uber - where employers attempt to evade costs and duties. Sorry to be blunt but it's called Capitalism for a reason.

Despite attempts to present a shiny new virtual reality of working life where everyone is free from labour protections and wage slavery to innovate, in the real world it remains that if you don't have any capital all you have is your labour to sell. An increasingly smaller number of people have assets to exploit, but most of us are actually dependent on selling our labour to live. The rise of these virtual employers is not a new story of technological innovation, it's actually a story about the spread of precarious work.

It is the ideological mantra of neo-liberalism to reduce the restrictions on trade - the promotion of flexible labour and loss of labour protections a key part of this. The global increase in contract and agency labour - with the hundreds of different contracts of employment used - has created both an acceptance of precarious work and an organised corporate resistance to improving working conditions.

The UK is a low wage economy; 1.4m UK people live in extreme debt, 1.5 million officially in minimum wage jobs and 5 million working people earning less than a living wage. The use of virtual employment is just another way of keeping labour costs down.

What is new is that the battle line for precarious work has just shifted to the use and abuse of 'self-employment'. After years of campaigning against Zero Hours Contracts it turns out this was just the warm up act to a form of virtual employment where the contract isn't just bad, it's non-existent allowing certain evasions such as minimum wage legislation, sick pay and pensions.

Half of the new jobs created since the recession are 'self-employed' and of the 4.6m self-employed in the UK most work as taxi drivers, transportation and construction workers. Despite the hype, self-employment is low waged insecure work but without the gaffer to blame. The ONS reports that self-employed have earned 22% less than in 2008 and average earnings are £207 per week - less than half the average income of their employed equivalents.

Yes, you read that correctly, self-employed people on average earn half the wage of people with a contract of employment. Hardly Dragons Den then.

This is not a benign anomaly in the law - only using 'self-employed' labour is an attempt to avoid employers costs and duties. Uber is currently on the litigious front line with workers in the USA and UK challenging the claim that they don't employ anyone. These workers do have a legal case because when a worker is dependent on one company for providing work then, legally speaking, that is the employer. The \$62.5bn company has, unsurprisingly, managed to fight off the individual legal cases bought by precarious workers against them - this doesn't mean that Uber is right, it just means that generally precarious workers don't have the money to argue it in court.

The recent scuffles in Sports Direct is part of this same problem of precarity. There are now 900,000 people on zero hours contracts in the UK, with a massive rise since 2012. The conditions under which they work has become media fodder - we know that 60% are on less than a living wage and 38% are aged 16-24. A large chunk of zero hours contracts relate to private employment agencies - a Euro 224bn business, dominated by ten multinational companies. They are not going anywhere and in fact are looking to expand into new sectors - education and health top of the list - and new regions such as Eastern Europe .



## A Tipping Point

One in six UK workers are self employed and many millions working under precarious conditions so the realities of a dysfunctional labour market are getting harder to evade.

One of the consequences of the lack of regulation is that levels of discrimination creep back into the workplace. Bluntly, most precarious workers are young, black, migrant workers, old or women. The Equalities and Human Rights Commission published a shameful report last month on discrimination at work. It included the data that BAME workers are twice as likely to be precarious as white workers. Part of the reason for this might be that a higher percentage of BAME workers are underemployed - either involuntarily working part time or just not able to make up the hours. Many are highly skilled - in fact precarious groups like women or BAME workers have a long history of being over qualified for downgraded jobs because of the belief that we have to work ten times as hard in order to survive.

The UK has gone backwards in terms of social mobility and social class matters more now than it did 30 years ago. If you are born into a rich family with a father in a senior position you are twenty times more likely to have a senior job.

Precarious work has up until this point made people compliant for fear of losing work. It is this insecurity that silences the millions of people working under these conditions and one explanation why the public debates about self-employment are often at best ill informed and at worst a fiction. But it is possible now that we are seeing a tipping point, where such large numbers of people are living under precarious conditions they see no way out other than to self-organise.

The Deliveroo strike action didn't happen by accident. The workers self-organised but with the long term support of the Independent Workers of Great Britain - a network of seasoned activists, the current leadership coming out of the cleaners' campaigns in London's universities, many of whom are migrant workers. Precarity is their trade.

The Deliveroo strike is a sign of things to come. Precarious workers are organising all over the world - they do this because they need to. Two things stop precarious workers joining unions. One is that as a precarious worker you don't want to raise your chances of not working by becoming Che Guevara - probably the number one reason for not joining a union is fear of victimisation and job loss. Also the traditional industrial unions continue to struggle to organise atypical workers - it's hard won and low

recruitment gains. However, necessity drives innovation and with hundreds of thousands of seasoned organisers in the UK, as the demand for collective support goes up so will supply. We're going to see much more of this.

Cutting out the middle men, virtual management of people, financialization of non-financial companies and externalising the employment relationship isn't new. It has been going on for the last three decades. All that's changed is that the current battle line is the use and abuse of 'self-employment' to maintain this precarious model of work.

Whatever the fictions about the sharing and gig economies, you can't actually spin yourself out of in-work poverty. So that leaves us with a genuine problem, how will our society respond to the inevitable social consequences of inequality and the downgrading of working life.

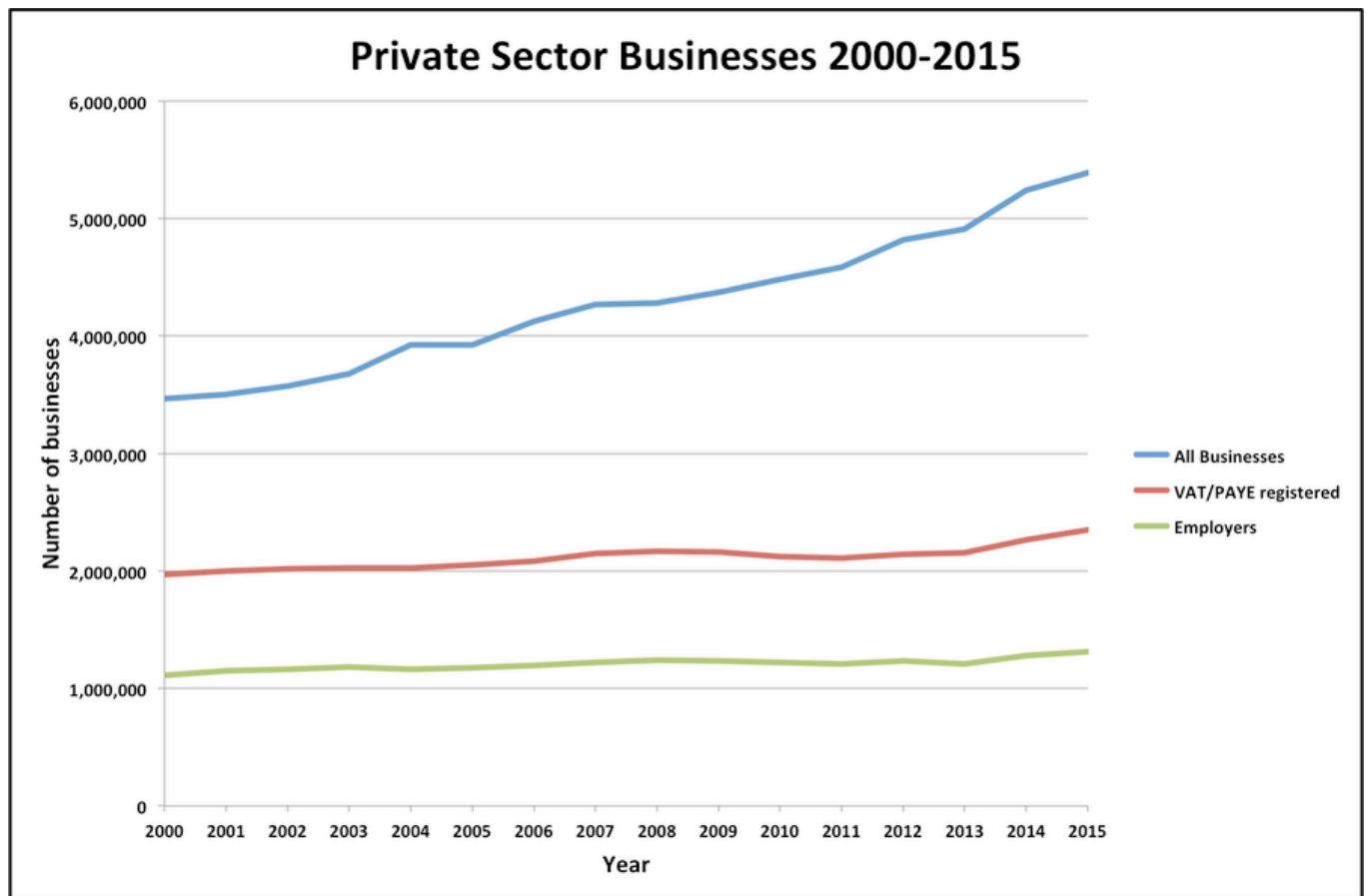
# Entrepreneurs & Employment: A false economy

-  
Steven Toft

One of our workplace fairy stories involves the conflation of entrepreneurship and self-employment. Characterising the self-employed as entrepreneurs is another of those memes that just refuses to die. Earlier this month, RBS released a report claiming that entrepreneurs are driving employment growth, enthusiastically stating that self-employment has grown by 20% since 2008, an increase of 800,000 people, making a “fantastically important contribution to the UK’s labour market recovery.”

Although there are some entrepreneurs creating new jobs in the UK labour market, most of the newly self-employed have only created jobs for themselves. Entrepreneurs are people who build businesses. The self-employed are simply those who, whether by choice or necessity, work through their own businesses rather than being directly employed by someone else. A tiny fraction of them will have started their businesses with the aim of growing them. The vast majority do it just to get by.

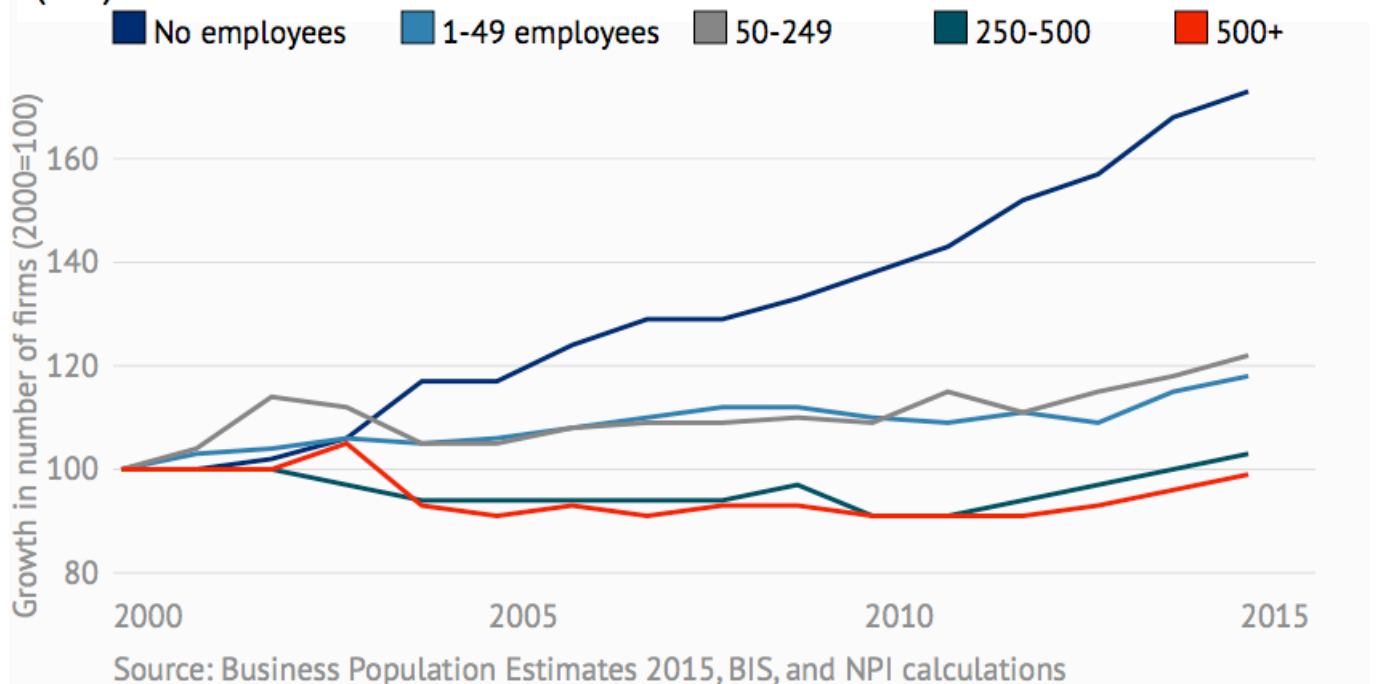
The business population statistics published by Department of Innovation and Skills show a phenomenal rise in the number of businesses in the UK over the last decade and a half, with a particularly steep increase since the recession. However, most of this increase is in businesses with turnover below the VAT threshold. The number of VAT registered businesses has risen more or less in line with the size of the workforce. What we haven't seen is a significant rise in the number of employing businesses or even businesses with significant turnover.



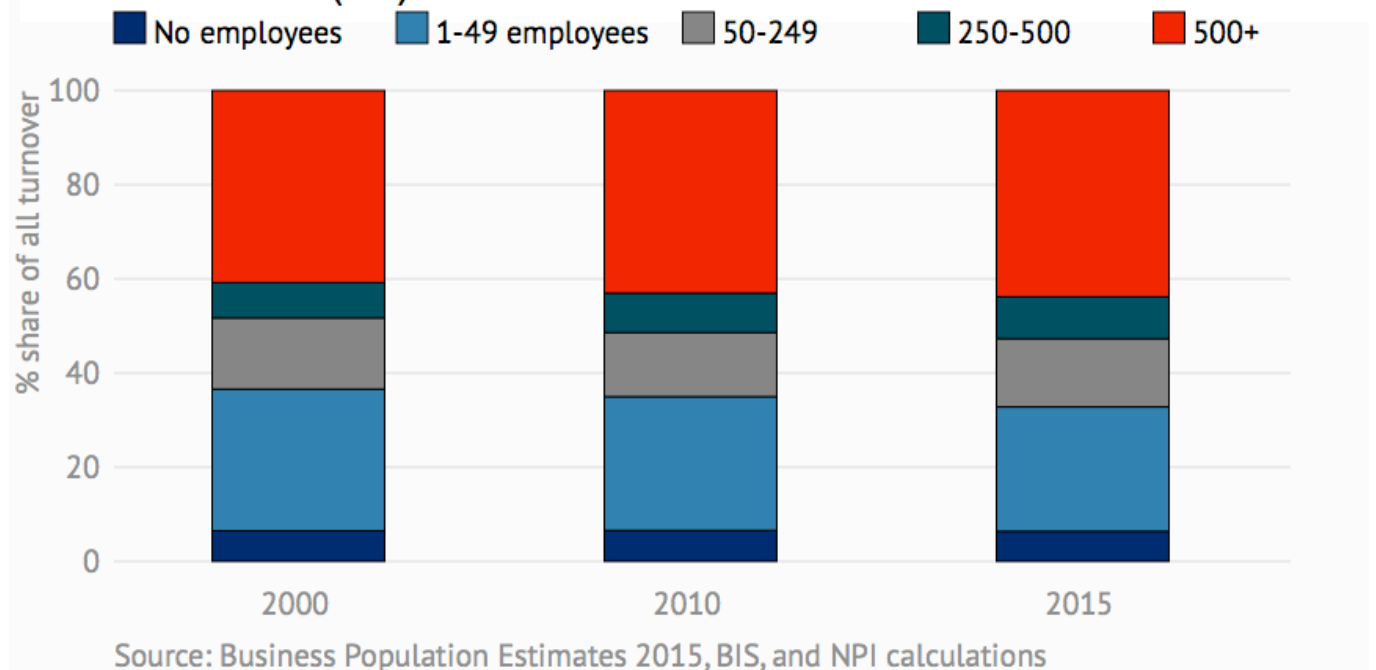
Research [by the New Policy Institute](#) (NPI) found that, while the number of businesses with no employees other than the owners had increased by 70 percent over the last fifteen years, these firms' share of total turnover had actually fallen slightly from 7 percent to 6 percent over the same period.

So, while there are a lot more small businesses now, in terms of share of turnover the UK is less of a small business country than it was in 2000. Firms with over 250 employees increased their share of the market from 49 percent to 53 percent.

The rate of growth of firms with no employees has been far greater than for other sizes of firms. There are over 70% more such firms now as in 2000 (1/7)

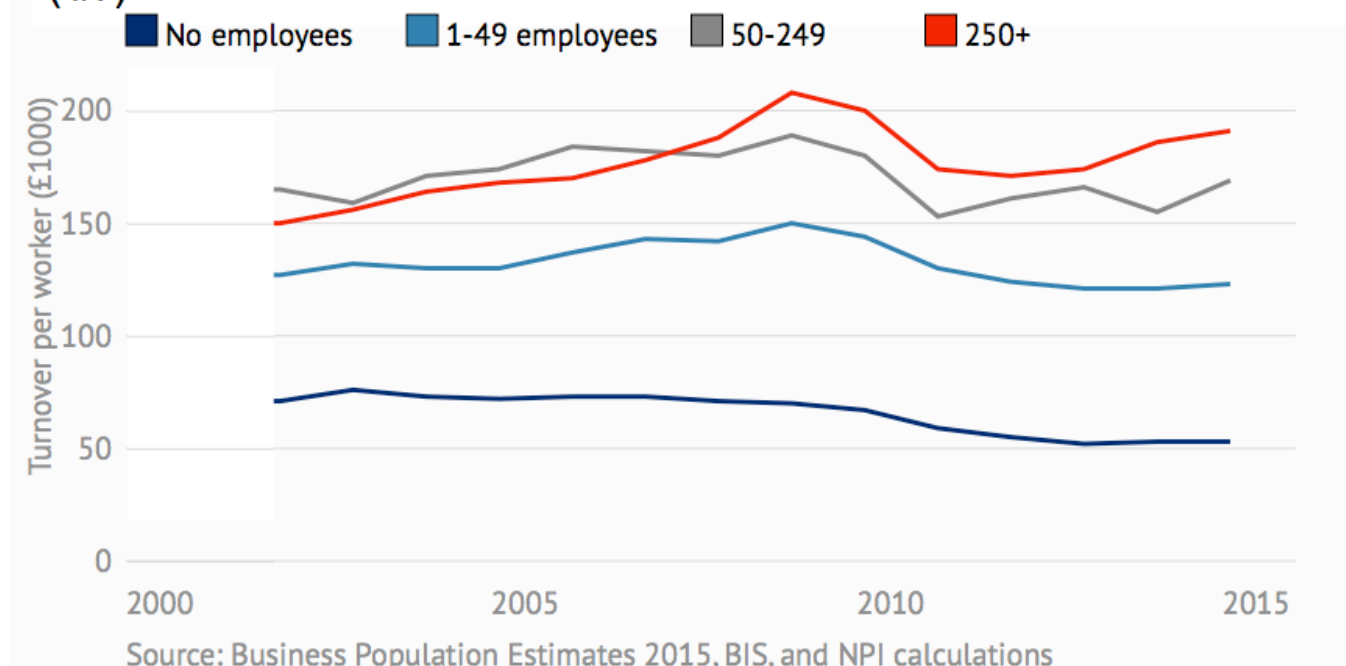


Very large firms now account for 44% of total turnover, up from 41% in 2000. Firms with 250-499 employees account for a further 9%. The share going to SMEs has fallen (7/7)



Given that this happened while the number of very small businesses was rising, turnover per worker for the smallest businesses fell, with the decrease picking up speed after the recession.

In the last two or three years, there have been small rises in turnover per worker in larger companies but no change in medium or smaller companies (4/7)



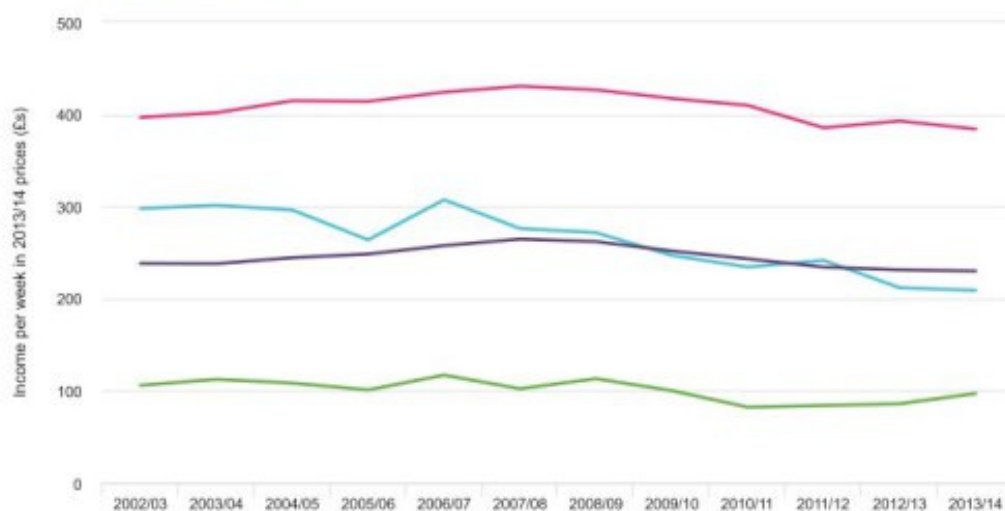
The climate for self-employed workers reminds me of one of those nature documentaries where, during a drought, more and more animals turn up to drink from an ever-shrinking oasis. More and more one-person businesses are competing for a shrinking pot of money.

The effect of this on self-employment incomes has been catastrophic. Using data from the Family Resources Survey, [the NPI found](#) that the median income for self-employed people is now around 54 percent of that for employees and is lower than 75 percent of employee incomes.

Indicator: 13A

The median income from self-employment is now lower than 75 per cent of employee incomes.

Self-employed 25th percentile  
Self-employed median  
Employees 25th percentile  
Employees median

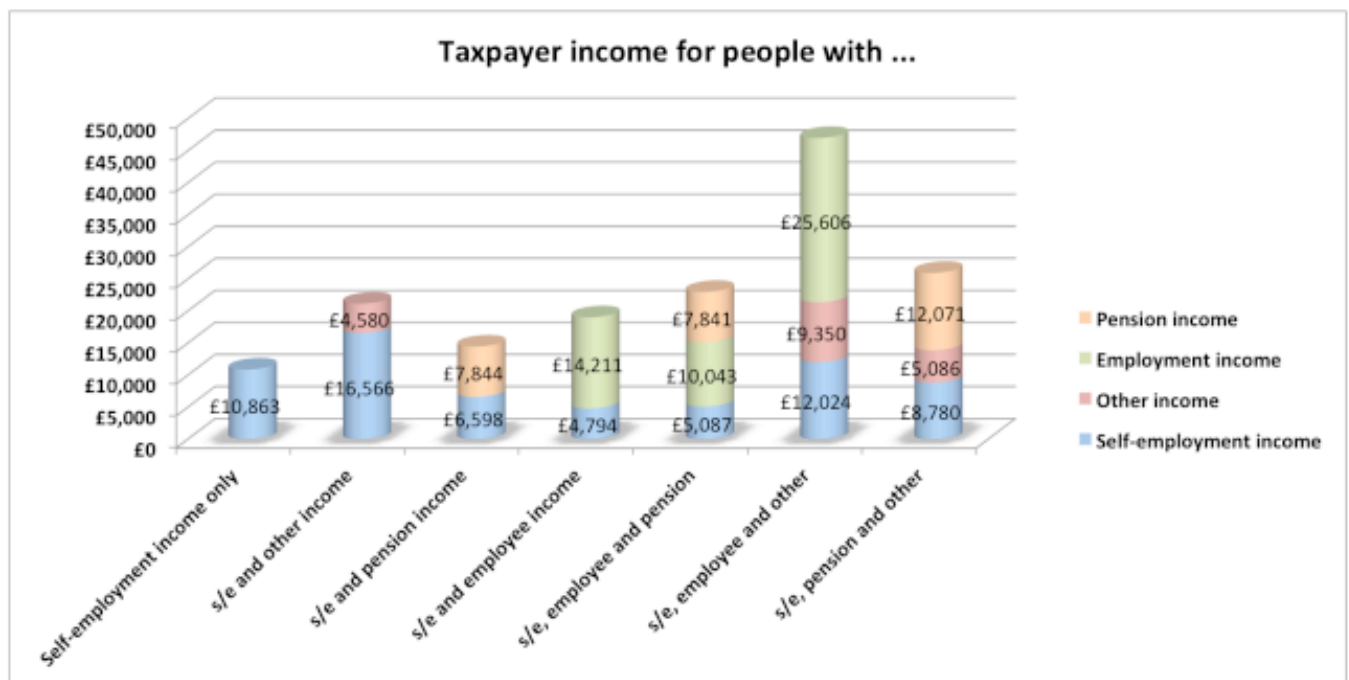
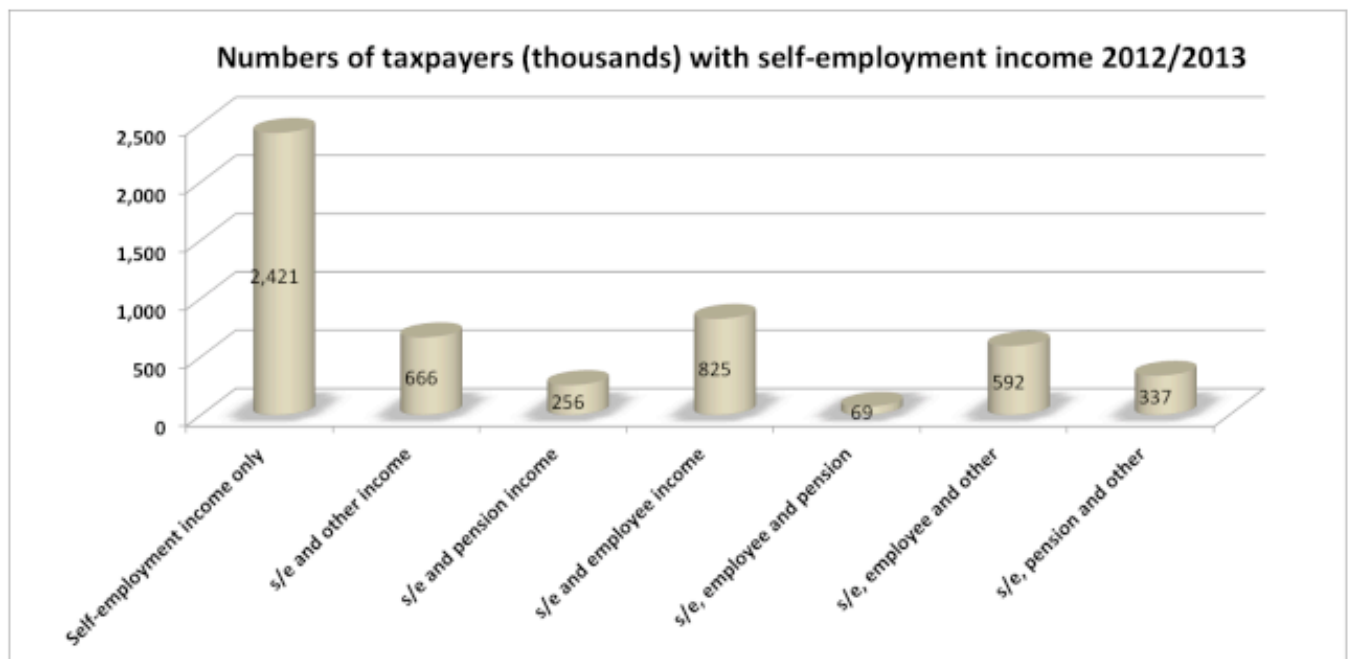


Source: Family Resources Survey, DWP; the data is for the UK

This isn't simply a case of a few hobby-jobbers skewing the figures. Research [by the Resolution Foundation](#) found that more than half of the full-time self-employed fall below two thirds of the median weekly earnings.



The NPI and Resolution Foundation research is based on the Labour Force Survey and the Family Resources Survey but the figures from HMRC present a very similar picture. In 2007-08 the self-employed earned £88.4m in total. In 2013-14 they earned £87.1m. Even though there were, by HMRC's definition, 730,000 more of them, they earned more than a million less. That's before allowing for inflation. Using figures from a FOI request to HMRC, [Michael O'Connor](#) showed that mean incomes for the self-employed earning under £100,000 were very low and that around half of them had no other sources of income.



The majority of self-employed people have seen their earnings shrink since the recession and many are surviving on very low incomes.

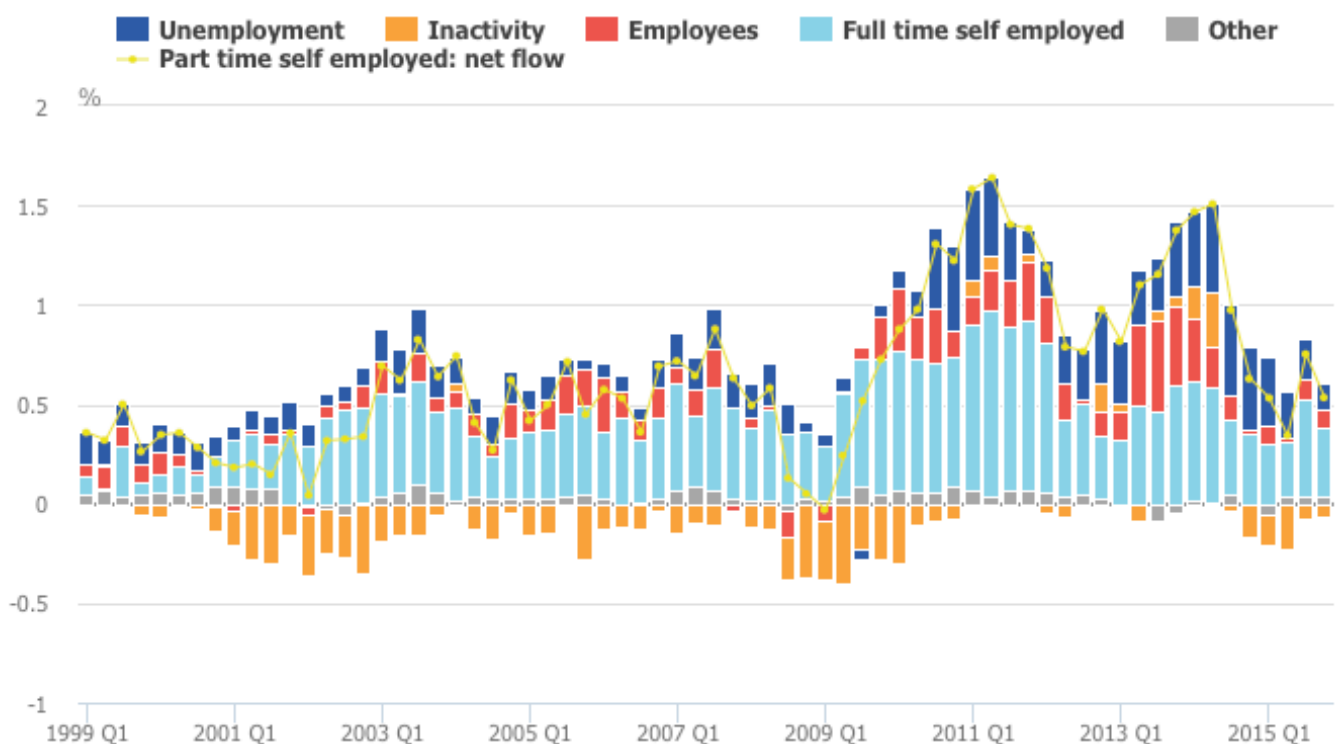
If the earnings figures don't suggest a surge of entrepreneurialism, neither do the data on moves into and out of self-employment. A [study by the ONS in 2014](#) found that the rise in self-employment was due as much to fewer people leaving self-employment as to more people starting up. The outflow from self-employment was at its lowest for 20 years. Many of those who in previous years might have retired were staying on in self-employment, accounting for much of the rise among the over-65s. On a similar theme,



[an ONS study in July 2016](#) found that much of the post-recession inflow into part time employment was from those who were previously full-time self-employed. In other words, the rise in part-time self-employment was primarily due to people in full-time self-employment reducing their hours.

**Figure 20: Composition of the net flow by previous labour market status, proportion of self-employed**

Quarter 1 (Jan to Mar) 1999 to Quarter 4 (Oct to Dec) 2015



Source: Office for National Statistics, Labour Force Survey, two-quarter longitudinal dataset, author's calculations

The ONS comments:

[F]ollowing the economic downturn a large number of full-time self-employed individuals either chose to become part-time, or found that meeting demand for their services no longer required full-time input. As a result, many of these workers shifted from a full-time mode to a part-time mode, but otherwise continued with their business.

As [Paul Nightingale and Alex Coad said](#), the typical British startup is a marginal business which enters a crowded competitive market and which, if it survives for two years, only does so by putting another one out of business. None of this activity contributes much to the growth of the economy.

The increase since the recession has been primarily among low turnover firms yielding ever decreasing profits and incomes to their owners. The shift to shorter hours suggests that lot of self-employed people are simply hanging on in there for lack of any suitable alternative.

Had the rise in self-employment been driven by entrepreneurialism we would have expected to see an increase in the small firm share of the economy by now. In fact the reverse has happened. Whatever data you use, number of businesses, families, individuals or tax paid, the story is the same, the numbers have risen and the earnings have fallen.

The increase in self-employment is something very different; it is the rise of a third category of worker, not an employee but not a business person either. The category covers a multitude of different work arrangements. Some work for a daily or weekly rate, some charge for specific jobs, and some are employees in all but name. Although they are business owners on paper, most have very little capital.

The term 'gig economy' has come into vogue recently to describe the trend towards more freelancing work. It is a useful metaphor from the world of live music performances. The lucky few make handsome profits by playing Wembley or outdoor festivals. Most are performing down at the Red Lion for just enough money to see them through to their next gig. To say that we have 800,000 more entrepreneurs in the economy since the recession is to misrepresent what has been happening. 800,000 more buskers might be a better way of putting it.

# Manning Up in the Caring Professions

Chris Manning

If 2015 was the Year of Compassion in healthcare, then 2016 has been the Year of Resilience. In the context of austerity, the only response deemed appropriate is, it appears, to 'man up'.

It is now mainstream to talk about resilience in the plans for helicopter routes across London and school curricula for five year olds. In 2015 the Chair of the General Medical Council (GMC) charity Professor Terence Stevenson said that doctors should expect to face a GMC investigation during their career as an 'occupational hazard' and build up resilience to deal with it similar to 'soldiers in Afghanistan'. The 'H' in NHS has come to stand for Helmand?

This focus on individual resilience ignores the simple fact that caring requires empathy and sensitivity to our patients, which can only be sustained if we work in a context that is safe, sound and supportive. Coal miners used to take canaries down the mines to detect noxious and deadly gases; perhaps doctors perform the same function in an increasingly toxic healthcare system. Sensitive, caring clinicians who take people to their hearts and minds become poisoned by health systems that are unsafe and inhumane. The impact of psychotoxic workplaces falls on the individual clinician - particularly those who are not 'naturally' resilient, left feeling even more of a failure for not being able to cope. The pressure to bounce back forces GPs to man up - a question not so much of "Hello, my name is" more "Hello, my number is".

The GMC continues to expect medical students - mostly young people whose brains are still physically developing until at least the age of 25. At least that is what their latest guidance states in terms of needing to develop resilience to stress and challenges during their studies, whilst explaining the 'standards of professional behaviour' that are 'expected' of medical students during their studies. This expectation on the next generation of GPs follows a debate over the GMC's fitness-to-practise regime in recent years, after it emerged that 28 doctors had 'committed suicide' during proceedings. That the Report itself used the term 'committed' is further evidence of just how far there is still to travel in relation to the required sensitivity needed and that is patently still so absent. Although there are some promising signs, following on from the work of Prof Louis Appleby, that doctors who have mental health problems will be spared from full GMC investigations 'wherever possible', under new proposals around investigations designed to reduce unnecessary stress for doctors.

The guidance, which came into force on the 1st September, includes a responsibility to 'develop healthy ways to cope with stress and challenges (resilience)', to 'deal with doubt and uncertainty' and 'apply ethical and moral reasoning to your work' in an attempt to set out clear expectations for best practice for GPs.

The GMC's guidance also asks students to: recognise the limits of their competence; be honest when they don't know something; raise concerns over patient safety; protect patient identifiable information; seek help from their medical school if they have a health condition which may affect their studies; and not be derogatory to others on social media. The latter should not be much of an issue since most medical postings that I see are from Dr Anon; such is the level of 'democratic freedom' and safety to 'speak up' currently perceived by many in England. And only recently the national media reported the death by suicide last year of a GP who was suspended by her practice after a patient reported that she was blogging about her 'mental health problem'.

The reality is that young doctors can still leave some medical schools still believing that they are wired differently to the people for whom they will be professionally caring. The growing number of organisations ([Action for NHS Wellbeing](#)) that are trying to address the mental health of clinicians by providing safe environments are testimony to this.

This is where the way that we train our GPs really matters - whether we treat them as canaries or human beings. Firstly the training has to genuinely build the emotional capacity of clinicians. All doctors have a right to expect that the GMC will be ensuring that training in resilience and self-care, including the imparting of current understanding of the biopsychology of cognition and emotion, are in place for all its subscribers throughout a career in the NHS.

Secondly, we can no longer continue to send them to work in toxic workplaces and expect them to keep providing good care. All relevant and responsible health organisations receiving mandatory subscriptions should ensure that the entire NHS workforce can work in environments free from bullying, harassment, intimidation and downright brutality.

Addressing Resilience completely ducks the issue if it is merely applied to the individual whilst having near-zero focus and co-ordinated action on the principle of Compassionate Work Contexts.

# Workplace alliances: Healing rifts between psychiatric survivors and mental health workers

Helen Spandler

Many people who have used mental health services, especially if they have experienced compulsory treatment or detention, describe themselves as '[psychiatric survivors](#)'. This doesn't just mean they have survived a mental health crisis, or the damaging circumstances that may have led to it. It also means they have survived the very system designed to help them.

Sometimes it is claimed the psychiatric system caused more harm than their original '[symptoms](#)'. Many experience the system as traumatising, or re-traumatising, by mimicking previous experiences of abuse and neglect which contributed to their mental health difficulties in the first place. Some psychiatric survivors have referred any form of psychiatric compulsion as a human rights violation, and this is now embedded in [the UN convention of the Rights of People with Disabilities](#).

The poor treatment of service users is not only historical with the current mental health system still having a lot to answer for. This involves not only the use of coercive 'treatment' and confinement, including psychosurgery, ECT and often harmful psychoactive drugs, but also various forms of invalidation, or what has been called '[epistemic injustices](#)' where people's self-knowledge and experiences are disbelieved and dismissed.

Just two examples will suffice. First, many survivors report their stories of abuse - both prior to, and subsequently within, the system - are not believed and seen as a 'symptom' of their mental [illness](#). Second, the psychiatrisation of conditions like Myalgic Encephalopathy/Chronic Fatigue Syndrome (ME/CFS) where organic and physical conditions become 'all in the mind'. Here, whilst there is a complex inter-relationship between the mind and body, psychiatric reductionism has resulted in a catalogue of instances of maltreatment, neglect and [abuse](#).

In both examples, sexism rears its ugly head. Women and girls are more likely to suffer abuse, especially sexual abuse. In turn, abuse victims find their coping mechanisms labelled as diagnoses like 'borderline personality disorder' which Judith Herman described as no more than a 'sophisticated insult' pathologising trauma into a mental illness. Most ME/CFS sufferers are female, many of whom have been called 'hysterical' and 'irrational' by doctors and psychiatrists. The medical and psychiatric establishment has yet to come clean, admit to or apologise for these abuses.

At the same time, mental health workers can feel unfairly maligned. Accusations of psychiatric 'abuse' can be hard to hear by a mental health service where workers 'do their best' in an inadequate and poorly funded system, with few alternatives. Undoubtedly, most enter the system to 'help' and don't relish using coercive powers, like those enshrined in the Mental Health Act. It's perhaps understandable that workers can become defensive in the current conditions

<http://blogs.lse.ac.uk/businessreview/2016/09/26/managed-care-models-are-hurting-the-uks-mental-health-system/>, however survivors are often perceived as recalcitrant, in denial or lacking in insight. On the one hand, workers and often service users' families are convinced the person needs psychiatric help, even if they don't know it, but the person concerned refuses. As a result, we are often locked in an endless battle where both 'sides' harden their position - whether within individual service interactions or within broader psychiatry/anti-psychiatry movements. Sometimes it feels there is no way through the impasse.

Maybe we can't move on till we've fully heard and appreciated the depth of survivor's negative experiences, a psychic equivalent of the 'speaking bitterness' processes during the Chinese revolution. One important step could be to find ways of supporting survivor-led organisations in developing their own alternatives - or, at least, what Jasna Russo has referred to as 'the right to search for this ourselves'. Workers' organisations also need to find more sophisticated ways of defending, and developing more democratic, mental health services overriding the tendencies of trade unions to stick to bread and butter workplace issues rather than defending the principles of a progressive mental health service. Whilst, to some degree, these might be parallel processes, there also needs to be a process where survivors and workers can listen to each other, work together, and learn from each other.

Jan Wallcraft and other survivors have made a plea for Truth and Reconciliation in relation to psychiatry. Such initiatives have been developed in relation some of the world's worst human rights abuses such as Apartheid South Africa. It is not about seeking retribution or compensation rather, it is a form of restorative justice. A process where silenced voices, including both stories of perpetrators of abuses and

victims can be heard, and not interpreted, judged or 'resolved'. Could this work in such a contested field as psychiatry?

There have been some recent intriguing attempts. For example, earlier this spring, a series of 'healing circle' events were hosted in Portland Oregon US by three grassroots organisations, The Icarus Project (a radical psychiatric survivor project); the M.O.M.S. Movement (movement of mothers and others standing up together); and Rethinking Psychiatry. In addition to Truth and Reconciliation, these events were also influenced by Open Dialogue, a new approach to working with people experiencing mental health crises, as well as other initiatives developed to talk about highly emotive and divisive topics. The first event involved those who have received, and those who provide, mental health services. Each took it in turns to share their stories in an inner circle, without interruption, with an outer circle of those just listening. If people identified as both they could be in either or both. After each inner circle had their say, a debrief was held and the groups swapped over. It ended with a full circle where people asked questions of each other.

The process was initiated because so many people felt traumatised by psychiatry. However, there was room in this process for people who feel psychiatry had helped them, or those who feel harmed by working in the system, and presumably those who have been harmed by psychiatric survivors. In a similar fashion, Lucy Costa, in Toronto has talked about drawing on (but not co-opting) indigenous communities restorative justice initiatives to develop greater understanding between victims and perpetrators of psychiatric violence, drawing on a recent survivor-led anti violence framework.

It's early days, but these experiences offer hope that something like this could happen in the UK. First, it seems important that any process like this is initiated by psychiatric survivor organisations and their allies, rather than mental health professionals. Second, although such processes may be 'healing', it seems important they are not set up as explicitly 'therapeutic' as the framework is not about more 'treatment'. Third, it would require careful facilitation and a willingness for people to participate with an open mind and heart. Like any form of restorative justice, it won't work if it is imposed.

Whilst I think these initiatives could be enormously helpful, they are not a panacea. They cannot replace the urgent work of reforming or revolutionising the mental health system. Maybe, however, transformation can't happen without it.

# *You don't have to be mad to work here but its extremely likely: Surviving Work in Mental Health Services*

Elizabeth Cotton

Today celebrates World Mental Health day - another barometer of public attitudes towards mental health. Even over the last twelve months we have seen a rise in the public appetite to engage with and understand the growing mental health crisis. For those of us who work in mental health the changing climate is still surprising - a topic that no longer clears a room nor being avoided at parties, mental health is very much en vogue.

The one exception to this relates to mental health at work. Despite the obvious link between precarious work and precarious states of mind my experience has been that many people are reluctant to talk about their experiences of work, particularly the difficulties of making a living and dealing with workplace dynamics. Shame, fear and toxic workplaces inhibit us opening up the workplace can of worms of the link between working conditions and our states of mind. In part to understand this, and also to develop some resources for frontline managers and workers, in 2012 I set up Surviving Work ([www.survivingwork.org](http://www.survivingwork.org)) to provide practical resources on how to do it. I did this not because I'm good at it, but precisely because I'm not. Like many people working in mental health, I found myself walking a thin line between being a competent professional and feeling like a fraud at managing my own mental health at work.

The ethos of Surviving Work is essentially psychoanalytic that - and I'm sorry not to sexy this up more - we're all human, we all experience vulnerability and powerlessness, and we're all dependent on our relationships with other people to make the best out of this very bad lot. Using the anonymity of online resources, peppered with workshops and public events, the proposal is that surviving work is a dual task - it involves both trying to change our working conditions, while at the same time surviving them. This involves developing our ability to see reality in all its ugly glory, allowing ourselves to get angry about it, but still trying to understand it, learning to find help and relying on our relationships with others.

Over the last four years I have been working mainly with health workers - particularly mental health workers who deliver mental health services. Coming from a trade union background, I found working



and training in psychotherapy was a real shock to my system. Not wishing to blind you with industrial relations science, but these jobs are becoming impossible in the current mental health crisis.

Because of the precarity of many of the jobs in mental health, many of us are reluctant to talk about our experiences of work, particularly the difficulties of making a living and protecting ourselves from precarious states of mind. In the years I've been working with health workers I'd say the most common survival strategy is to keep our mouths shut and heads down. Despite therapists being in the business of talking, we're not typically spending much time talking to each other about how to address the realities of our working lives.

In 2016 I carried out the Surviving Work Survey looking at the working conditions of mental health workers in the UK, the results of which will be published in 2017. Therapists face a range of employment relations problems, including the growth of self-employed workers, short-term contracts for private contractors, agency labour, the use of unwaged labour or honoraries and the insecurity of 'permanent' staff in the NHS. Many people working in mental health are not earning enough to live and many are managing workplace problems by going part time or turning to private practice. There is a generational gap of opportunities for progression within the sector and a reluctance to face up to the impact on recruiting the next generation of workers into training. When I first started running discussion events for psychotherapists on the theme of 'Do you have to marry a rich man to be a psychotherapist in the UK?' it sounded provocative. Now it does not.

What is emerging is a downgraded model of therapy where gaming of recovery data and increased precarious work has led to a growing problem of poor care. This shift is welcomed with wide-open strategic arms by the private contractors and employment agencies waiting to negotiate the next round of mental health contracts. As experienced practitioners retire and new generations of workers enter a confused market with no sniff of a pension or secure housing, the crisis in mental health is about to hit a tipping point.

As part of an ongoing project to develop resources for front line workers and managers in healthcare, I carried out a series of conversations with practitioners at the Tavistock & Portman NHS Trust. Our aim was to think about how psychoanalytic ideas can help people working in healthcare to survive and improve their working lives. All of these people gave their time and ideas for free - and helped create a safe framework for talking about the demanding issues of racism, bullying, teams and group dynamics in healthcare.

Based on these conversations we have now launched [www.survivingworkinhealth.org](http://www.survivingworkinhealth.org), which offers free resources focusing on ten core themes: Bullying at work, Healthy Organisations, Understanding Healthcare, Precarious Work, Precarious Workers, Dynamics in Groups, Racism, Managing Healthcare, Team Working and Solidarity in Healthcare. The resources include videos, short podcasts and two survival guides. All of the resources take a jargon free, de-stigmatising and practical approach to addressing the real problems of working life.

Our ethos is based on a relational model of work – that, in order to survive work, we all need to build our relationships with the people around us. A psychodynamic framework is a model of talking and listening, and allowing other people to influence how we see the world. It is also a model that respects the ‘ordinary’ expertise and authority of surviving work and recognises that through our relationships we are capable of solving both individual and workplace problems.

The resources propose adopting frontline management and team building approaches that allow people to talk and make decisions about their work. This model of ‘democratic leadership’ is very much part of our psychoanalytic tradition and the proposal is that these are methods that should be revived in healthcare, not least in order to improve patient care.

These are just online resources and not a substitute for talking to the people you work with - but they are a way of opening up debates at work about the tricky and painful stuff of earning a living and bullying cultures in healthcare.

We hope that you can use [www.survivingworkinhealth.org](http://www.survivingworkinhealth.org) in your activities, meetings and trainings. Just send the link to anyone you think would find it useful. If you are working on the front line of mental health services, you don’t have time not to listen.

# *The Politics & Protests of Psychology: Going back to the 1970s*

Keith Venables

It all started at the LSE in 1972. I'd just successfully completed a Post Graduate Diploma in Social Policy to add to my Degree in Psychology and felt troubled. My degree had mainly covered behaviourism, new research on sensory perception and a sneering glance at psychoanalysis. It was a time of social protest, especially at the LSE, and my conventional Northern working class conscience was in crisis. In the political times of the 1970s, what sense could we make of psychology and how was I going to survive work in this real world where right was wrong and wrong was right?

At that time, two experiences influenced me heavily.

Firstly, that British Paratroopers shooting dead 14 civilians in Derry in the North of Ireland on 30<sup>th</sup> January was wrong. When I joined tens of thousands of demonstrators in London to protest I found myself grabbed by a policeman, roughed up outside No 10 Downing Street, and locked in a cell with 40 other smelly lads to be found "Guilty!" and fined £15.00. Bizarrely, the young policeman who had arrested me then privately apologised. He said "I took you because it was a violent scene. I was frightened and wanted out".

Secondly, a job I was encouraged to consider as a bright-eyed bushy-tailed psychology graduate was behaviour modification (including Shock Therapy) to make 'homosexual men happy to be straight men'. Another What!?! moment. I was soon attending several gay liberation meetings and protests where we did get stoned – and ouch, stones hurt.

In response to this deep conflict between my professional and political allegiances, I gathered a group of people together and we organised a conference The Politics of Psychology at the LSE. I chaired it (badly no doubt), 400 attended, we included humanistic psychology, had some street theatre and did lots of

Paulo Freire participation. This was followed in 1973 by a pamphlet *Rat, Myth and Magic*; a political critique of psychology.

Starting to take control of my life, I ran into a revolutionary group called Solidarity and was struck by the straightforward sensibleness of their statement:

“Meaningful action . . . . . is whatever increases the confidence, the autonomy, the initiative, the participation, the solidarity, the equalitarian tendencies and the self-activity of the masses and whatever assists in their demystification. Sterile and harmful action is whatever reinforces the passivity of the masses, their apathy, their cynicism, their differentiation through hierarchy, their alienation, their reliance on others to do things for them and the degree to which they can therefore be manipulated by others - even by those allegedly acting on their behalf.”

I liked this and, as a school and adult teacher and educational psychologist it has inspired me and helped me survive work over the last four decades.

Psychology has this terrible habit of psychologising things. ‘Managing anger’ when anger is appropriate; teaching teenage girls to ‘cheer up’ or ‘calm down’ without noticing – or doing anything about – the fact they’ve been abused; giving individual young people extra lessons when the teaching should be better for all children; seeing ‘deficits’ in children when the way education is organised is defective. This presents educators and psychologists with conflicts - do we drill down our sights on individual children when a societal response might sometimes be more appropriate? Do we pretend to be neutral when the terrain where we practice is defined by those with different values to us?

What we did to connect our values with our paid work was in 1998 to set up a broad-based group called Educational Psychologists for Inclusion. Our first action was to value ourselves; we saw ourselves as entitled to share and learn, to take action and support each other. The second thing was to recognise the ‘social model of disability’ as crucial to being a principled psychologist, or just a principled person. The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people.

Forty seminars followed, developing the social model in our day-to-day practice, discussing everything from the Voice of the Child, to the Salamanca Statement, reorganising schools, pilot schemes, setting up parent's groups, Local Authority redundancies and back again. We have lobbied Local Authorities and government ministers, and formed alliances with disabled activists and many others. We are currently completing a book called We Know That Inclusion Works (available from [psychinclusion@yahoo.co.uk](mailto:psychinclusion@yahoo.co.uk)). As educational psychology has been partly privatised, we hope these ideas find new places to grow.

In navigating the profoundly political tensions of our work, having a strong sense of yourself helps. In my work I have continually asked myself the question what will increase the “confidence, the autonomy, the initiative, the participation, the solidarity, the equalitarian tendencies and the self-activity” of the children and young people, the parents and teachers I work with day to day. One of the answers I came to was that we all want to have the best of life's opportunities. Being a ‘psychologist for inclusion’ gave me the values and confidence I've needed to survive work and enjoy the process of making a difference.

# A State of Madness

-  
Elizabeth Cotton

This blog was written for the LSE one week before the USA presidential elections, following Elizabeth's interview on Newsweek's Foreign Service which can be listened to [here](#).

Just before the USA presidential elections, Hillary Clinton released a new comprehensive [agenda](#) on mental health, which proposed more funding and integrated healthcare systems. The political positioning of Clinton's agenda is pure recessionary politics and gets to the heart of the political conflict now being lived out in the US elections. The new policy builds a wall between a politics where vulnerability is equated to failure, and a humanistic understanding of what happens to human beings in the context of an economic and social crisis.

The cynical amongst us might [wonder](#) if politicians during an election campaign are experts in mental health, but this drawing of the line is of both strategic and ethical importance. In a country where in-work poverty goes up to 25 percent, racism and inequalities create escalating societal violence and the next generation of working people feel defeated even before they start this is a real battle line, rather than the fantastical geographical ones that have dominated the campaign so far. If the experience of mental illness teaches us anything, it's that we are all vulnerable to distress and whatever attempts are made to split the world into hard working people and scroungers, when it comes to the human condition we are all in it together.

The US and UK mental health climates are not so different, in part because they are parallel neo-liberal market economies which are both characterized by minimal welfare provision, high workplace insecurity and a growing inequality of opportunity.

Forty three thousand people committed suicide last year in the US, up by 25 percent since 2008. The rise in race conflict and violence in poor communities has led to the emergence of a new concept in social distress - '[suicide by cop](#)'. As the crisis deepens, societal denial is becoming harder to maintain, and there is a growing acceptance that an economic and social crisis is becoming a mental health one. This is not to pathologize poverty, rather to [recognize](#) that under certain conditions people become ill.

Clinton's new policy has promise. It involves two main elements - firstly, to create a parity of mental health services within the US healthcare system and along with it an increase in funding. The policy is evidence based, prioritizing early intervention, a growth in child and adolescent services and community teams, and a focus on rehabilitation for prisoners, veterans and addicts.

The second key area of this new policy has an important psychosocial aspect - to fund housing and employment support for people with mental health problems. This reflects the chronic discrimination people face in work. As with the UK, 80 percent of people with disabilities are unemployed and if you are diagnosed with schizophrenia you face a 95 percent chance of never working again.

One of the key problems that this new policy faces is about the delivery of these mental health services. More than the 'quasi-market' system of the NHS, and despite the reform in health insurance and creation of a public healthcare insurance scheme through the Affordable Care Act, the US has a private system of healthcare. Although the growth in private insurance, separate from company insurance schemes, is likely to lead to a greater uptake in mental health services, the problem remains that the disclosure of mental health problems that is involved is a major risk for working people in the US.

The problem is that most working people in the US, and increasingly in the UK, are precarious. They do not have secure contracts of employment and with it the fear that to disclose mental health problems they will trigger a silent victimization. The US has one of the most insecure employment relations systems in the developed world - where employment 'at will' allows the vast majority of employers to terminate employment without specifying a reason. This allows employers to terminate contracts without making the link to a diagnosis for bi-polar disorder or long term sick leave due to depression. This raises significant questions over whether working people will feel secure enough to risk pursuing treatment for mental health problems, much of which is long term.

The second question is the policy's focus on 'behavioral' techniques, a specific technique for addressing individual behaviors. In the UK where the model of Cognitive Behavioral Therapy (CBT) dominates, this technique focusses on changing individual cognitions and behaviors - sometimes described as 'negative' thoughts and behaviors- rather than underlying or environmental issues. Within an underfunded system this model becomes diluted - to the extent that in the UK the largest program of Increased Access to Psychological Therapies (IAPT) is mainly a short term intervention of 4 to 6 sessions, often over the phone or manualised online. The political and clinical problem with this model is that it focusses on the individual to address systemic problems such as in-work poverty and inadequate public services.

This has led to an emerging system of downgraded sub-therapy and care and a regime of compulsory fitness founded on gaming 'recovery' data and demoralized workers. There are not many people who have experienced depression who believe that four sessions actually work in the long term to help them. This radical shift towards un-care is welcomed with wide open strategic arms by the thousands of private contractors and employment agencies waiting to negotiate the next round of health contracts.

The other problem with the policy is that it needs to address the precarity of the people delivering these services. This year I carried out the largest anonymous survey of mental health workers in the UK: one thousand five hundred people anonymously talking about the experience of working in services in crisis. At the risk of pointing out the obvious, dealing with an increasingly distressed population is distressing. It means that the job has got harder, is increasingly low paid and insecure resulting in 60 percent of clinicians feeling depressed. The results of the survey will be published in October 2016 but this is not rocket science - you can't have vulnerable workers trying to contain the anxieties of vulnerable patients. Long term it just doesn't work.

It is a false economy to commit funding for a new mental health service in the US without looking at what treatment is offered and by whom. Learning from the mistakes of the UK, the US would do well to look at the precarious conditions and states of minds of the clinicians delivering services. The unavoidable reality - rather than the fairy stories of magic solutions and full recovery - is that if you want to deliver good mental health services, you have to treat the people that deliver them with the same degree of humanity as their patients.



# *Working in teams in a climate of fear: what can we learn from the Buurtzorg example?*

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Clive Morton

As the crisis in health and social care deepens, the paradox of a bullied and frightened workforce delivering quality patient care becomes pronounced. Far from the abstract leadership literature, the management challenge has become how to build functioning teams often within an institutional context of blame, whistleblowing and special measures.

Over the last 18 months the Buurtzorg model has developed some currency in how to square the circle of care. Buurtzorg was founded in the Netherlands in 2006 by Jos de Blok and a small team of professional nurses who were dissatisfied with the delivery of health care by traditional home care organisations. Together they decided to create a new model of patient-centred care focused on facilitating and maintaining independence and autonomy for the individual for as long as possible.

What started as a team of 4 nurses in 2006, has grown to nearly 10,000 nurses in 2016, operating within 850 independent teams in the Netherlands looking after 70,000 patients per year. This organisation is serviced by only 45 back office staff, 15 coaches and no managers. Zero managers. The operating principle, based on shared values, is self-management with an emphasis on informal networks rather than formal reporting with a focus on solutions and outcomes not regulated processes.

Quite apart from the model producing patient-centred care, major savings in the cost of provision have been endorsed firstly by Ernst & Young in 2010 who identified savings of roughly 40% to the Dutch health care system despite the higher costs per hour. A KPMG case study found that "Buurtzorg has accomplished a 50% reduction in hours of care, improved quality of care, and raised work satisfaction for their employees". This latter statement is supported by the evidence that Buurtzorg teams are seen to experience 60% lower absenteeism and 33% lower turnover than the sector average. Another key product of the model is lower rates of patient admission to hospital and nursing homes.

Buurtzorg's Dutch model of care is in stark contrast to the UK where 160,000 social carers earn less than the minimum wage and social care job vacancies are higher than any other sector. The situation is becoming more acute with the introduction of the living wage where many providers are withdrawing from the market citing that local authority contracts lead to loss making situations. Social and community healthcare provision is seen by health economists as the solution for unsustainable demands on acute hospital care. In which case the NHS will need to square the circle of capacity, quality and costs in the social health care sector. This seems to be a good time to question whether the current UK model of social care might learn from self directed team models such as Buurtzorg?

Although the Dutch neo-corporatist institutional setting is a long way from the UK's neoliberal employment relations context, the lessons of such self-managed teams have resonance in the acute sector. Jody Gittel of Brandeis University in "High Performance Healthcare: using the power of relationships to achieve quality, efficiency and resilience" demonstrated that managing healthcare in hospital settings via self-managed teams, based on effective relationships, of doctors, nurses and support staff gave better patient outcomes at lower cost, and as a by product, job satisfaction. In the case of Peterborough Hospitals in the UK self- directing, non hierarchical Transformation teams were established in the early 2000's which revolutionised cross boundary patterns of care, where for example the wait for cataract surgery was reduced from 18 months to 6 weeks by cutting out unnecessary referrals and gaining staff working together in such teams (see "By the Skin of our Teeth" Morton, C: MUP 2003)

In the commercial sector self-managed teams are a frequent feature, especially in creative and innovative businesses. Apple has been famous for its use of the technique. Canon in its development and subsequent dominance of the desk top copier market, using ideas & design from self-directed teams. This case is cited by Japanese academics, Nonaka & Takeuchi in their formative work "The Knowledge Creating Company" robustly arguing for democratic and dialogic practices in building workplace knowledge and practices. So, if this is such a great idea, why is it not more widely practised, and, what are the downsides?

Many observers refer to the difficulty of integrating such teams into existing cultures and structures even when responsibilities and functions have been delegated to such teams. In my experience in industry, this is often a product of a resistance against the upside down and anti-hierarchical nature of such teams. Management are often quite happy to delegate functions and tasks to such teams, but reluctant to allow ideas and innovations from such teams to challenge the existing order/structure/strategy/culture. Ego within the atypical Western organisation clearly plays a dominant role. Unless management is willing to properly delegate and to trust self-directing teams to create solutions, and further to embrace the products of these teams then the gains will be lost.

In the public sector, top down approaches have become dominant in recent decades. This has been a product of increasing parliamentary scrutiny, in turn creating policies where responsibilities are delegated often expressed as targets for front facing organisations, such as within schools & hospitals that are inspected at will by powerful 'independent' regulators to ensure compliance. The built-in process has created a heavy weight bureaucracy where, for instance within the NHS, so much effort is injected into attempts to measure, audit and subsequently defend elements of patient care, inflating costs and at the same time losing effectiveness and undermining staff morale. This is a cancer at the heart of the health system created by health economists!

The conclusion has to be that to tackle the crisis in health and social care of falling productivity, increasing costs and declining quality of outputs, then another strategic approach needs to be chosen. Buurtzorg shows us that there are alternatives, that applied appropriately, can help our organisations out of the 'perfect storm' that we face. The focus has to be on gaining the best from the human resource, whilst at the same time enhancing the working experience and development of those staff for patient benefit. That can only be done by tapping into the initiative and collective energy which is so often the product of self-directing teams – this means that the management of the NHS from the top has to 'let go', eschew micro-management, forget the attraction of ego and engender trust. It is similar to the mental step necessary in shifting from a 'bonus culture' to finding that giving praise costs nothing and produces motivation and productivity.

# Workplace democracy and perversion in the Post-Brexit Organisation

Philip Stokoe

One of the mad ideas that seems to have been unchallenged during the recent referendum is that a referendum is democratic. The recent referendum demonstrates that the pressure from his own party to take a lead on Europe was too much for Mr Cameron, who passed the decision back to the country on the spurious grounds that this was democracy at work.

My argument is that it is neither healthy nor possible for an organisation, let alone a country to treat every decision as the ultimate source of authority. In contrast, a system in which which roles are created, tasks are defined, authorised by decision-making and constrained by the requirement to make a regular account is a representation of democracy. Workplace democracy is about appointing people to 'manage' on our behalf.

Within a psychodynamic model, healthy organisations operate well because decision-making is delegated with clarity to each role in the system. The delegation of decision-making is the means of authorising someone in role. One of the mistakes that new managers (and some old managers) make is to think that delegation waters down one's own authority. In fact, the opposite is true, active delegation emphasises the authority of the manager.

The channel through which authority is delegated is kept alive by the requirement for an account. A good manager tolerates the anxiety of giving away the running of whatever area is defined by the delegated decision-making. This stops him from the temptation of micromanaging. But he expects a regular account to be given for how the subordinate is getting on with the allocated job. It is not surprising that the jargon term that businesses use for this relationship is "direct reports". This term refers to those roles in the organisation that account directly to the particular manager and this defines the shape of his area of responsibility.

As well as the discipline of accounting, decision-making must be made within clear parameters. This will include things like a budget, clarity about who you go to for decisions above your grade and a clear sense of shared assumptions about how to carry out the work and this will include ethics.

This accountability process is a bit like the circulation of the blood in an individual human being. It is vital to healthy functioning. There are other processes in organisations that reflect necessary systems in the individual, namely collecting information, thinking and self-monitoring. The difference between the individual and the group or organisation is that these processes have to be protected in groups and organisations because they are the first casualties in the presence of organisational anxiety. A typical example from the NHS would be closing thinking spaces on the grounds that these are not client contact time, therefore not money-making. You could say that part of a sensible monitoring system would be sensitivity to assaults on these processes.

Management roles inevitably attract pressure, so part of the job is to demonstrate a capacity to think under pressure. One of the most important thinking spaces in an organisation is the regular encounter between manager and frontline staff where the direct report occurs. During this accounting meeting the manager receives not only the verbal account from his subordinate but also an emotional message. The emotional message is usually not conscious but often carries very important information. For example, the manager might find himself becoming increasingly anxious as his staff member reports; if he anticipates an emotional exchange, he will be interested to know what this anxiety might mean and will seek to uncover the source. In health and social-care organisations, this is called supervision.

An executive director will not know how operatives within his department do their work. He does not need to know this because they will inform him of any problems and he has given authority to them to get on and do their jobs to the best of their ability. As part of the accountability system, he might ask for a briefing about the detail of the work. If he had to carry information about the way that everybody within his system is carrying out their work, he would not be able to do his job which is executive management.

We authorise politicians to manage the political and economic world that our country is a part of. Most of us are ill-equipped to make decisions about complex economic and political situations of which membership of the European Union. There is no doubt that the referendum was to do with an emotional experience held by half the population of being made redundant, being pushed aside, being disaffected and alienated. This experience found symbolic expression in an image of hordes of foreigners taking over

the country. The important message is that the neoliberal agenda of an unrestrained market has caused a massive divide between those who have and those who have-not. Those who have-not simply said “no” but they addressed it to the wrong organisation.

If we treat the EU as a symbol rather than the actual source of anxiety, we can see that the Brexit vote was a vote against the source of this sense of redundancy. The shock of the Brexit vote reminds us that when the essential structures and processes of healthy governance have been broken it will produce a perverse response.

# *The psychodynamics of work: “pervert kernels” in the workplace*

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Daniella Anguelli

Pervert behaviour appears in any context. One can encounter them in education, in big multi-nationals, in handicraft businesses, or in a small neighbourhood store. Yet no matter where a ‘pervert kernel’ crops up, its victims suffer.

Psychoanalysis offers us important tools for understanding the darker side of relational complications in the workplace. The idea of pervert kernels refers to a dynamic coalition of people powerfully organised within a wider group. In workplaces, a pervert kernel is a group of people centred around a person who turns them against one or more colleagues in an insidious manner – poisoning their relations, undermining the value of the others’ labour and spreading despair on people outside the coalition. These kernels involve an alliance which acts parasitically, distorting real facts and perverting them for narcissistic and at times material gains. On a psychological level, a shared fantasy of indestructibility and impenetrability is realised.

The actions of pervert kernels in work environments are founded in a kind of delusion of grandeur, even though they do not appear as such. Indicative of this is the certainty of invulnerability that they give out and the sense of omnipotence that people in these groups share, which surpass the boundaries of a mere fantasy. It is a sort of delusional certainty, a kind of “madness” whose symptoms are manifested in others. Nonetheless, the ways it is implemented are socially adjusted in every respect.

More often than not the leader of such a perverse team is someone who holds a secondary or ancillary position and someone who does not want to progress or go somewhere else. Most of them create a position of counter-leader. Furthermore, leaders of pervert kernels can be people who simply cannot tolerate the abilities of colleagues, so they try to undermine their work, their position or their image in the eyes of others. Yet for this pervert alliance to be sustained, it needs to be concealed. Secrets and silence are the principal and implicit rules making the experience of working alongside a pervert kernel disorienting and puzzling.

To comprehend pervert kernels we can draw on what [Racamier \(1992\)](#) called 'pervert thought', understood as the exact opposite of 'creative thought'. Pervert thought is not motivated by curiosity or emotions, nor is it interested in engagement with other thinkers or ideas. Rather pervert thought is motivated by the desire for mastery, for action and manipulation of others. It is fundamentally narcissistic and megalomaniac.

An individual with this kind of thinking has an exceptional competence to promptly perceive the abilities and weaknesses of another person, and then use them against them. Hence, they are a 'pervert narcissus', capable of luring the other into artificially constructed contradictions, hints, allusions and lies, through an extremely competent use of language. In due course, they will manage to discredit and isolate them from the group of people they are working with and in which they have invested. The pervert narcissist ([Racamier, 1992](#), [Hirigoyen, 2012](#)), who is the inconspicuous inspirer of this team, is a person who readily lies, degrades and accuses others. They are driven by a private morality, beyond social order; the symbolic law of prohibition, which sets the fundamental limits in co-habitation of humans, simply does not concern them ([Clavreul, 1967](#)). That is why they feel guilty only when they transgress their own private rules and not the laws of a state.

The goal of such a person is to attain a devious and veiled influence. Moreover, they aim at the disintegration of others, at a kind of destruction of the group, no matter how small or big it is. In work environments, they orchestrate around them pervert kernels in an insidious and methodical manner.

As abominable as these pervert narcissists might be, we need to reflect how the narcissistic ideals of our era create fertile ground for these kernels to become established. The promotion of an individual without deficiencies, who is better than all the others – the 'successful' one, or even the omnipotent one – transforms the culture of our working lives into superhuman ventures which compress human endurance. In this narcissistic model of being at work, we are all seduced into transforming into avatars that can achieve imaginary goals at a speed which is not humanly attainable. These are narcissistic tales of an era which eventually nurtures even more depressed and deprived narcissists who in turn attempt to survive work by poisoning the people around them.

The psychopathologies of working life are symptoms of a deeper morbidity at the level of the social, of the 'Other'. Within psychoanalytic thinking if we are to avoid becoming a casualty of this workplace perversion we need to return to the domain of humanness, one that holds onto our sense of limits, of emotional contact, of reality, realistic satisfaction and achievement. Without this we simply won't survive.



# Teaching managers

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Marianna Fotaki

The burgeoning economic inequality between the richest and the poorest across the world is a cause of concern for social, political, and ethical reasons. In 2016 the Oxfam Davos [report](#) revealed that 62 people only own the same as half of the world, representing an increase of 38 per cent or 1.76 trillion dollars from 2010. Despite this, the university education and management schools in particular, have largely neglected to reflect on how they themselves may be contributing to the growth of inequalities.

Elsewhere ([Fotaki and Prasad, 2015](#)) we have argued that this is due to an absence of sustained critique of the dominant business models and how various established business practices might contribute to exacerbating inequalities. Robert Reich, the leading US academic and former Democratic Labor Secretary, [argues](#) that Harvard Business School is directly responsible for inculcating into its students ideas and values that have led to a yawning gap of earnings between CEOs and ordinary workers, which has grown from 20-to-1 some 50 years ago to almost 300-to-1 today.

Far too many educators rely on orthodox economic perspectives — often represented by neoliberal capitalism — which have dominated the curricula and the teaching philosophy of management schools. This uncritical acceptance of neoliberal capitalism precludes both the possibility of a meaningful critique and the emergence of alternatives. It also teaches students they must act as rational profit maximizers untainted by the ‘facts of human life’ such as ageing, disease and death (see [Money-Kyrle, 1978](#) quoted in [Fotaki, 2016](#)) that make the reliance on the other necessary, in order to succeed.

For instance, the election of topics that lionise the lone-hero entrepreneur, who is disembodied — though tacitly assumed to be male and white — and disembedded of the social context, leads to undervaluing social connectedness and relatedness. Management teaching regularly ignores the less glamorous work of caring or the collective production of public good while the impact of business activities on the lives of “others” in distant locales is rarely considered outside of social corporate responsibility modules.

Finally, wrongdoing in business is a matter of transgression by corrupt individuals – a few proverbial bad apples – rather than an outcome of structural incentives. This is despite the bailouts of the banking

sector causing global recession forced on the tax-payers, and despite the loss of revenue hidden by the wealthy individuals in tax havens amounting to at least 18.5 trillion dollars worldwide.

In disregarding these issues the management education reifies the pre-existing inequalities. But it might also contribute to their worsening once the wealthy are able to influence the political process for their own benefit and obstruct or reverse the social progress where it has been achieved (e.g. by privatizing public education and health services).

Rather than acting as cheerleaders for big business the educational establishments teaching economics, and management specifically, must critically examine the relationship between neoliberal capitalism and inequalities in order to regain their social purpose. This, among others, can be achieved by broadening topics and insights outside neoclassic economics to include sociology, historical and political analysis along with transnational cultural perspectives explaining multiple impacts of globalisation.

Management educators, specifically, should re-engage their students with issues they can relate to in their pedagogical practice. I propose a teaching methodology derived from the psychoanalytic concept of relationality, inspired by the work of philosopher and activist Judith Butler, as a way of developing conceptual and reflexive tools by which to reimagine management school education. This, I argue, is an essential step for rethinking the role of education and for creating a space to debate important questions about taken-for-granted but problematic assumptions underlying the ideology of neoliberal capitalism.

Butler uniquely draws on the continental philosophy of Levinas and Lacanian psychoanalysis to elucidate how precarious lives depend on society for survival (Butler, 2009). Her theory of the human as a relational and social being, who craves recognition by others, allows us to appreciate the influence of social norms on how we think and feel about ourselves in the world.

Butler's reframing of subjectivity in relational terms has important implications. First, it explains why and how it is only through relating to others that we gain a sense of value and significance. As the eminent psychoanalyst Irvin Yalom argues, 'living through the others', in addition to giving meaning to our life in the present, allows us to deal with the existential fear of death and our own mortality (2009).

Second, Butler helps us to consider the ways in which we are all inextricably linked to others and to all lives because our own lives are inevitably precarious (Butler, 2004). Our shared vulnerability therefore obliges us to assign irreducible value to human lives.

Third, such relational engagement accounting for the risk of injury, violence, and privation we might all

experience under the precariousness-inducing neoliberal capitalist regime has political implications: it makes explicit the role of governments, public institutions and educational establishments in how people understand, treat, and relate to one another.

# Real Leadership

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Clive Morton

Something strange is happening to leadership at work. The old truths don't seem to work anymore. Today's leaders are not really sure which way to go.

It used to be seen that every 'leader' needs 'followers', a hierarchy where people saw their future in the organisation and compliance was the order of the day. When insecurity crept in, malevolent obedience often took over or we looked for other opportunities to progress. Then in the 1990s the bonus culture emerged, a regime where both leaders and followers were captured and motivated purely by money.

## Measurement, targets and money

The bonus culture had to be supported and maintained by measurement. What gets measured gets done. Decades later the obverse proved to be true. What gets measured gets distorted. Bankers' bonuses were seen as the totem pole of excellent performance and leadership. Except that the tail wagged the dog and the banks that were "too big to fail" had to be bailed out by the taxpayer.

The public sector was not exempt. In the NHS for example 'health' inputs had to be measured. Leadership said that national targets were the way forward, bolstered by a 'name and shame' media culture. Then strangely, hospital staff were encouraged to become gamblers and adept at 'gaming' health statistics. Patients on trolleys in corridors outside A&E so as not to count against the 4 hour wait target; patients being put back to the start time of their procedure if they couldn't make an appointment or operation date. Many NHS hospitals appear to be 'gaming' the system to meet performance targets, in some cases changing the way they care for patients or deliberately 'fiddling figures' according to a report by the Dr Foster Group in 2015. A high stakes bet ignoring the actual experience of the patient and their very real health outcomes.

This is not to say that measuring progress, performance and productivity is just smoke and mirrors. Any organisation, public or private, needs to be accountable as a whole to its stakeholders. This accountability is not just for the boardroom, but right down to teams and individuals who are crucial to effective accountability.

The crucial difference is firstly, that measurement needs to be accurate, realistic and representative of performance; not top-down targets invented to satisfy a whim or individual ego. Secondly, measurement needs to be owned by the teams and individuals, after interaction with the hierarchy on how these aims fit with overall accountability.

There are some well evidenced examples of effective measurement that not only improves productivity, but at the same time develops and encourages those involved. Against conventional wisdom in clinical surgery, the American surgeon and author Atal Gawande has demonstrated that simple application of checklists in the operating theatre gives consistently improved patient outcomes and lowered mortality rates (“The Checklist Manifesto”: Profile books 2011). Matthew Syed’s study into ‘marginal gains’ operated by Team Sky, GB Olympic cycling team and others (“Black Box Thinking”: John Murray 2015) demonstrates that finite incremental improvement and experimentation in an atmosphere of trust where ‘learning by failure’ as an accepted norm delivers fantastic results and competitiveness.

Sixty years ago Edwards Deming, the father of today’s quality movement, advocated ‘continuous improvement’ in a climate of openness that ‘drives out fear’ as opposed to the ‘blame culture’ that is often evident. These policies have since been successfully applied in manufacturing (Morton, C. Becoming World Class: Macmillan 1994) Those seeking real leadership could still benefit from these models of how to lead.

## Has PR trumped reality?

For many organisations the leadership ‘product’ is image. Reputation management is a science of its own. In politics this has become the leitmotif. Our former Prime Minister(s) were famous for it, in particular, David Cameron where the issue of the PR image became dominant. The recent BREXIT experience had fear as a common trademark for both IN and LEAVE camps. However, the IN camp focussed on the economic dis-benefits of leaving the EU, using what might be termed ‘left brain’ analysis, which seemed

sensible and rational to the elite and the establishment, but to the millions voting LEAVE it was a fog of statistics that was not relevant to their experience. They voted on their emotions – what felt right to them.

### Have we allowed the 'left brain' to dominate Leadership's decision making?

Psychiatrist, philosopher and author Iain McGilchrist has studied the structure and functioning of the brain over many years and has concluded that the 'Divided Brain' – between left and right sides, is not operating as designed and that over centuries, instead of the two sides being complimentary and supportive, the Western World has allowed the 'left brain' to dominate. McGilchrist argues that the left and right hemispheres have differing insights, values and priorities. Each has a distinct perspective on the world – most strikingly, the right hemisphere sees itself as connected to the world, whereas the left hemisphere stands aloof from it. ("The Master and his Emissary": Yale 2009).

What this means is that decision making at government and political level, as well as in business and organisations has put analysis and tangible facts at a much higher order than creativity, emotions, connectedness and the bigger picture.

It means that leadership has often used the wrong language and rationale to convince itself and the populace; a populace which has now reacted and rejected the rationale of the elite as evidenced by the BREXIT result, and currently the schism within the Labour Party.

### What does this mean for 'Real Leadership' in practice?

Leaders need to encompass the complementarity of the two hemispheres of the brain, embracing intuition and ambiguity as well as hard facts and structural solutions.

Connectivity is vital, asking the transformative questions: who can we work with? Who else can we learn from? Can we build bridges across boundaries to learn and act? Do we need to tackle the problem in the way we always have done? Have we involved all those with differing backgrounds/diverse views?

Successful organisations show that team-working and understanding of difference within organisations is the starting point, flowing through to effective change processes, partnership and innovation with others to provide connectivity. It is about both listening and the language we use to promote understanding and meaning at work. This provides for growth of leaders as well as for the organisations and the people that they manage.

# Measuring Success in the Metric Age

Elizabeth Cotton

Last week a student I teach at a UK University wrote to my employers to propose that I should be sacked. My pedagogical crime was to change a slide on my power point presentation the day before the lecture. The student also raised his concerns that I move around the room during the 3 hour class and actually talk to my students.

What a malevolent planet I am.

One of the ironies of this complaint was that I had that week been teaching theoretical models of capitalist institutions and Comparative Employment Relations. Code for how-to-understand-pretty-much-everything-about-work-organisation-in-the-entire-world. From Neo-liberal macroeconomics, the decline of the welfare state and wage led growth, the organisational cultures of multinational corporations to the global decline in trade unionism. Under certain interpretations to teach this stuff you've pretty much got to be Yoda.

During this apparently inflammatory session we had discussed a case study of McDonalds' anti-union strategies in Russia. Marx meets Mammon, universalism and US foreign policy - seriously sexy stuff for Human Resource Management students on an intellectual diet of rewards and talent management. As the trade union leader in this case was a woman I may have used the word feminism. As a total boon I had been involved in the case with the international food workers federation which although leading to awkward silences at dinner parties is considered quite handy when teaching this stuff.

An education system that commodifies learning is a censorious environment to work in. Although we are all free to have thoughts inside our own heads, there are certain words that the professional educator has learned not to say out loud for fear of exposing some growing tensions in the university business.

The monetisation of education where learning is an exchange between 'economic agents', inevitably leads to a competition between colleagues over who becomes this year's student choice.



A new Teaching Excellence Framework to be introduced this year, unencumbered by the lessons learned from the [Research Excellence Framework](#) that precedes it, side swipes the learning contract by demanding absolute knowledge of both staff and students.

The collusion between universities and the people within them is that by paying for an education - which since the [2015 Spending Review](#) is significantly higher than commonly understood - students are employable regardless of the actual existence of jobs.

The culture that now dominates how education, involves a regime of performance measurement and management plus a corrupted model of [student satisfaction](#). Whatever the experience of the people delivering and receiving this thing called education, the delusion of total satisfaction and full employability has led to the widespread gaming of developmental data and ultimately a gaming of life.

In the Age of the [Quantified Self](#), we are constantly being measured and measure each other. From calories to depressed thoughts, an algorithmic withdrawal from reality where development is just colour by numbers. To the extent that the quantified self is profoundly preferred over the actual self.

Filling in forms and ticking boxes become another stick to beat the independent thinker with - a degraded model of measuring both the teacher's and student's excellence.

This delusional self-reliance is, I'm going to suggest, the lived experience of neo-liberalism. I'm not technically saying that capitalism is to blame - I think the drive to neatify and deny complexity is inbuilt - but the attempt to fit ourselves into boxes, outputs and numbers is happening in a context of a particular economic model.

What I know about human development can pretty much be condensed into two simple facts.

Actual Fact 1: If you ask people what their reality is and listen to the answer you will definitely learn something. Do it enough and you're facing the prospect of a profoundly loving and political act - to become the change you want to see in the world rather than just banging on about it.

Actual Fact 2: This exchange between people is best done in a containing safe space where you don't get asked to leave for talking shit and not being productive. A thought crèche if you like, where our half baked buns can be developed safely in an oven. Creating something takes time and the absence of a

categorical pressure to hurry up and get your shit together.

Not wishing to come over all pan-sexual on you but having thoughts does all come down to sex. In psychoanalytic thinking there's an idea of the 'creative couple' - an exchange between two different entities bringing something new to life. One of the problems with a narcissistic system of learning that denies reality is that learning anything involves a conversation - between people, between ideas, between different perspectives. The teacher is there to create a space where this conversation can take place where ideas can be digested, discussed and taken in. Although the expectation is that the teacher knows something that the students don't (yet) this can't be delivered without cooperation between everyone in the room. It means actually having relationships where our lack of absolute knowledge is not a total catastrophe.

There is a paradox to learning - that to know something you have to be open to the possibility that you don't know everything. This requires a degree of compassion towards ourselves and each other. Ideas matter, as do the ways in which we share them. For learning to happen we have to be able to use the C words - with compassion, with care, collectively.

# *The Tyranny of Satisfaction*

-  
Annette Clancy

I begin most of my lectures by telling students I intend to disappoint them. I tell them I look forward to the moment when they realise that I have failed to live up to their expectations of me. Their fantasy of me as the all-knowing, all-powerful leader who will teach them what they need to know despite their creative attempts to avoid the anxiety of ignorance and will grade them at precisely the right mark to ensure a worthy grade point average will be punctured. It's just a matter of when. It's at that point that we meet as real, frail, complicated, human entities struggling to learn something together.

Inevitably that opening statement meets with some pushback. What do I mean I will disappoint? Surely it's my job to be an exemplary role model? They've paid a lot of money to be in my class and I have no right to lower their expectations!

Towards the latter end of my career as an organizational consultant, before I entered academia, I also adopted this stance. Assuring clients that I could never live up to their idealised expectations of who I was and what I could deliver. The best I could do was the best I could do. No more, no less.

These days, in educational and organizational settings doing the 'best I can do' is perceived as 'not good enough'. In order to survive, and thrive, I need to offer more than the best. I need to provide satisfaction with a money back guarantee.

The tyranny of satisfaction reigns everywhere. We are frequently 'outraged' and 'disgusted' when services fail to meet their emphasis on customer satisfaction. Organisational members who exceed targets by 10% this quarter are rarely cheered on and told to take it easy for the next quarter. Next quarter's target has now been increased by 10% which becomes the new normal.

Increasingly organisations are investing time, resources (human and financial) in an attempt to generate positive work environments. This optimal organizational form is a sanitized, rationalized environment where prescribed feelings prevail and positivity guarantees productivity. Excelling and exceeding are the cultural norms; disappointment and failure are relegated to the margins (Fineman, 2006).

Disappointment is characterised as a negative emotion, considered to be unproductive, undermining of morale and a justification for inertia (van Dijk and Zeelenberg, 2002, Zeelenberg et al., 2000). In addition, it's not as powerful as anger or envy so doesn't merit much attention in organizational settings. Disappointment is viewed as a contaminant and as something that must be managed out of organizational systems if it isn't to undermine effectiveness and productivity. Disappointed individuals are simply victims of circumstance and disappointed organisations have failed in their mission. Whichever way we turn, disappointment points to failure of self or other to live up to expectations.

Yet most of us at some point have encountered disappointment. It lives in the personal stories and lives of individuals who cope with unrealistic organizational demands. It lives in the absentee rates and mid-life depression suffered by those who imagined their careers would have turned out differently.

The psychoanalyst Melanie Klein in her work with very small children pointed to a developmental stage which she called the 'depressive position' (Klein, 1975). This is the moment when babies realise that their carer is both satisfying and disappointing at the same time. The same person feeds the child when she is hungry and fails to hear the child's hungry cries at other times. Our capacity to tolerate this imperfection in others and, eventually, in ourselves is a milestone in the maturation process. Splitting the world into good and bad serves a useful purpose when we are overwhelmed by anxiety but it only serves to maintain the illusion of all good and all bad if we are unable to tolerate the middle ground of disappointment.

Likewise in organisations: Disappointment is systemically generated when the fantasy of the all good, 24/7 available, target-busting organisation is perceived to be the norm and is not challenged. Individuals metabolise the experience on behalf of the wider system allowing it to delude itself that ever-increasing targets are realistic.

Disappointment is the moment at which the fantasy of 'what we should to be' meets the reality of 'what we are'. Disappointment is data about unrealistic expectations and is also a clue to the systemic conditions in which those conditions are generated. Disappointment is also an invitation to reimagine attainable and realistic goals and targets. Yet too often organisations get stuck in the blame/shame aspects of disappointment. Locating blame in other departments; feeling the shame of being the disappointing team member who let the team down during a presentation. This dynamic is a toxic mix that further relegates disappointment to the edges of organizational systems.

How then can we learn about and from disappointment? My research suggests that 'mourning the future' is the key component in this process: Taking the time to grieve and learn about the hopes and dreams contained in that idealised fantasy of the future (Clancy et al., 2012). What is wrapped up in the expectation of an ideal lecturer? Brilliant boss? The next great contract? Being available 24/7 for customers? What is it we are afraid of losing if we let go of that dream? In bringing the fantasy into reality it is possible to relinquish attachment to its power and reimagine a future that is achievable and more realistic.

When my students have concluded their 'outrage' and 'indignation' at the temerity of their lecturer proffering 'good enough' conditions; we get on with the messy and ordinary task of learning together. Often exceeding our expectations but rarely blaming each other for failing to live up to imaginary standards beyond the realm of reality.

# 'Real world' academics trying to win friends and influence people

Jane Tinkler

You might think it odd that a [Surviving Work in the UK](#) post is going to be about academics. In some quarters, the view is that our working lives are not like others, without all the blood and guts of 'real' jobs. In this view, academics avoid the pitfalls of working life by sitting alone in our rooms thinking deep thoughts. The value of academic work has come under attack - with challenges to the way we understand and measure our work implemented through the Research Excellence Framework and the newly designed Teaching Excellence Framework. Within this model and more broadly in our society the role of The Expert no longer attracts the kudos it once did. Indeed recently, Glyn Davies MP tweeted that "Personally, never thought of academics as 'experts'. No experience of the real world".



**Glyn Davies** ✓  
@glyndaviesmp



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Personally, never thought of academics as 'experts'. No experience of the real world.

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Predictably enough, this was not the view of the hundreds of academics who took to twitter to disagree with Mr Davies' assertion, using the [#realworldacademic](#) hashtag. Yes, academics have smart phones and can restrict themselves to 140 characters. Some listed their comprehensive education, others outlined the many jobs involving long hours on low pay that had been needed to put themselves through non-

elite universities to get into employment. Many described the precariousness of struggling to survive on short term contracts where hourly wages don't take into account marking, student contact time or trying to write articles so that they could progress their career. Not being paid to write anything being something of a handicap in academic life. To a growing majority of academics, the difficulty of surviving work is experienced in the very real world including debt, depression and a profound sense of the paradoxes of teaching subjects such as decent work and employability to the next generations of working people.

Both the view that academics can avoid the problems of work, and the view that we are not experienced in the 'real world', are wrong. The rapid growth in student numbers has, if nothing else, made it less likely that an academic will have a room to go hide in and actually think. Hot-desking and even the removal of books from offices is normal.

Significantly, the expectations of what academics produce and why has shifted radically over the last few years - where the impact of what we do increasingly measures academic success. Across the huge amount that has been written about how impact from academic work is created, there is one simple acknowledgement: what you are actually trying to do is to influence someone to take your research or ideas seriously. And then try to get them to do something about it.

Some of the impact literature focuses on the theory of impact, or how it is seen across disciplines, or how the definition of impact needs to be developed. On a more practical side, there are handbooks that outline tools, processes and platforms to help the time-pressured researcher to 'do' impact. If you see impact as winning friends and influencing people, an important aspect involves actual interaction with actual other human beings, something which under this stereotypical view of academics, we're not very good at. There are several key groups that academics have to influence in the daily course of their work: their students, their peers and senior colleagues, other academics in their fields, promotion panels, journal editors, conference organisers and so on.

In terms of impact, 'people' also can include research subjects and research users. There are two aspects here. Many academics work closely, and indeed co-produce research, with partner organisations that can also be their research subjects. They often spend months and years getting to know people within businesses, organisations, groups, communities, and government bodies. This brings many benefits but also

difficulties that academics must work through with their partners, funders and universities. In the case of businesses, the most difficult part of that is finding the right partnerships in the first place. Businesses need to find someone with the right expertise, and academics must be able to persuade business leaders that the research or interaction will have value over and above information that already exists out in the world.

Building this trust between academics and businesses is something that usually takes significant time, resources and people skills. To do that academics must put themselves in the shoes of their business colleague, to understand what is in it for them. They then have to communicate that effectively and then negotiate its continuation successfully so that both parties are able to see the relationship as valuable. Once trust has been built up though, and relationships created, maintaining that link is easier than it is within government bodies, for example. This is contrary to much of the perceived wisdom about researching in business - where it is assumed that businesses will not allow access to a critical outsider for fear of skeletons coming out of cupboards. What the research shows is that where academics are able to make friends in business, they stand a higher chance of influencing people than through the usual governmental and research channels. And a high percentage of businesses who collaborate with academics describe their relationship as successful.

The second aspect comes after: when research is published and academics attempt to influence research users to engage with it, and in an ideal world, change something because of it. Distilling down some of these lessons from impact handbooks highlights the usefulness of finding a key graph, figure or statistic. For research users, these types of evidence are easy to grasp, they are shareable within their organisation, and can lead to eureka moments that can show them how their organisation could make a difference to a particular situation. (But these have to be carefully handled as this interesting case of research on educational attainment shows.) Research that utilises personal stories within it can be a powerful way of putting complex situations into a context that can be understood and empathised with. And here too, trusted relationships - the ones that take time and effort to build and maintain, are difficult and may lead to conflict and are therefore scary – are vital.

The 'ideal type' of academics can sometimes be seen as engaged but distant, knowledgeable but not connected to the real world. There will no doubt be some in the profession for whom this applies, and others that seek to emulate it. However this post, albeit not a 'how to' guide, is intended to argue that engaging in real world relationships is not in any way outside of academics' expertise, that being human



(for example crying) within the academic workplace is acceptable, and that it will be this very showing of emotional engagement that will help create impact from our research.

# The Object of Learning

Xavier Eloquent

The end of August and GCSE results are out. Over the sound of nervous heartbeats and tearing envelopes we hear that these are the worst results in 25 years, with the number of A\* to C grades dropping by 2.1%. Pundits and commentators aside, it is not totally clear if this drop is due to bad teaching or more stringent exams. Possibly the requirement that 17 year-olds have to resist English and Maths to get C grades pulled the results down. It may be proof that academies do work or don't. It could be incontrovertible evidence that Grammar Schools are vital or retrograde nostalgia. And so on. In short, these results, as they are every year, offer a prism through which to advance a whole swathe of opinions and positions.

What is clear is that another cohort of 16 year-olds has passed through the eye of a very narrow scholastic needle, a rite of passage that some argue does not prepare them for the real world. They may be forgiven for thinking that those exams were the ultimate *raison d'être*, so complete is the focus given them by schools. Indeed, research by the University of Birmingham's Jubilee Centre for Character and Virtues has published two reports recently that reveal that over 80% teachers feel the narrow focus on exams and related workload are hindering the development of things such as moral character. The National Union of Teachers' provocatively entitled report, "Exam Factories? The impact of accountability on children and young people" raises a number of concerns about excessive focus on examinations – for students and teachers. Not least of these is the fact that the pressures to improve exam attainment cause our educators to "focus their teaching very closely to the test" at the cost of offering a wider educative experience (including the presentation of knowledge and the development of creativity and analytic thinking). Nor can headteachers or teachers be blamed for this, when their careers and pay-packets become ever more closely linked to the headline metric of examination performance. The effect of this on students themselves, as we shall see, is even more deleterious.

For myself, as a psychologist, I have encountered so many students anxious about exams (with inevitable worry sequence of "not getting a job" and "ending up homeless") that my response to a recent request for an "emergency" GCSE anxiety session was slightly blasé. For a number of years now, schools have

seemed to respond to the inevitable conclusion of so many years of accreted anxiety about exam performance – students all but crushed by the weight of their importance (for the school) – by frantically shunting in, at the last minute, a few talks about how to breath and squeeze it all away.

Thinking thus, I was dry-gulched by the articulate, angry group of ten or so Year 11 students in front of me this time. No, I was informed, anxiety was not the issue. Rather, I had been sent to talk to them because, in their words, the school had neglected really teaching them for so long and were now freaking out about how their poor performance would affect its place in the school league tables. A case of displacement indeed. So angry were some of them that they had resolved not to bother revising: by failing their exams they would certainly teach the school a lesson. Experiential learning is often quite painful after all... My therapeutic skills paled in the face of their wrath and I spent the rest of the session begging them to revise for their own sakes, their own futures.

I left severely rattled but upon reflection I should not have been so surprised. The conclusion they drew has not come out of nowhere. And this group of 15 and 16 year olds were accurate in their appraisal and judgement. They knew the teachers who cared and the ones that didn't and it was the former – a dismal minority – for whom they were willing to expend effort. Mr Chips really is dead.

It is easy to blame the schools, the teachers, the headteachers for this but that, I believe, is missing the point. Robert Zimbardo, in his study of the Abu Ghraib jailers' atrocities, commented that this was not an issue of bad apples, or apple barrels but the apple barrel makers. A system gets out what it puts in. This is certainly the case for the tormented plaything that is compulsory education in the UK. And from my own experiences in schools, something supported by evidence, schools are more and more removed from being the type of place – space – where thinking, let alone learning can occur. I have observed teachers haggling over difficult students to see if they can be taught in another class because their behaviour or low ability might affect a teachers performance related pay (this in a comprehensive school!). Even head teachers seem to be shifting towards a survivalist attitude reminiscent of premier league football coaches: one bad batch of GCSEs and they can be out, careers ruined. And it is already recognised that student mental health is at worryingly high levels.

What these students railed against, and what most teachers know, even if they are too hard pressed to act on it, is that teaching – learning – is a relational activity. I open my mind up when I feel safe. Stressed

out irascible adults trip my vagal nerve and ping! cortical inhibition, triggered by unconscious threat signalling and detection systems shuts my brain down. And the acquisition of knowledge and skills does not, for all that policy makers might wish it, work like Lego with little coloured chunks of maths/geography/science clicking neatly together, never to be lost (how interesting that the more quantifiable subjects, STEM subjects are being elevated. You can't measure a poem or a dance). Schools, as they become ever more tyrannised by the expectation of better and better results, are reducing learning to a quasi-automated process, forcibly conceiving students as empty vessels that must – must – be filled. A western construct of knowledge as product: offer, then shove and then exclude.

In psychoanalytic parlance we are, I think, witnessing a serious lack of containment in and around schools. There is no safe space to learn, to muse, to fail... to engage in the sort of reverie that is so necessary to proper emotional and intellectual growth. If it is lacking for Heads, then it is lacking for teachers and so for students too, something my unanxious group felt as a visceral-marrow-bone truth. If you treat us as mechanisms we will resist. This is human nature, surely?

Certainly, when I talk to headteachers about Isabel Menzies' study of social defences in a teaching hospital, about how easily humans are reduced to functions or pathologies ("the pneumonia in bed 15", for example), there is an uneasy silence as they recognise the parallels. As schools contend with the ever greater risks of poor exam results -a valid but not all encompassing indicator of teaching quality - it becomes all the more easy to reduce students to part objects in the form of a spreadsheet. And when this occurs, it signals a capitulation on the part of educators to a grim, mechanical, rationalist model of human functioning. This seems predicated not on what helps humans to grow and flourish (certainly there is little room for the emotional truth that Bion suggests is necessary for growth of mind) but rather is in thrall to a narrative that says: a) we must be competitive with China and; b) this is how you do it. This narrative conveniently forgets that this is likely to increase rates of student suicide and that straight line education does not prepare young minds to think creatively about the problems of today and more critically – they will be the grown-ups soon – tomorrow. Heck, they might treat us like we've treated them.

Another episode from a school highlights just how easy and damaging it is for schools to fall into the part-object trap. J- was a 15 year old girl with significant mental health concerns, depressed, suicidal and very confused about her gender identity. That she was also MENSA bright and hugely concerned about the point of life, went by the wayside. She was also the author of numerous appreciative, anonymous

notes posted around the town that made the national news, so touched were the recipients. These obvious difficulties and qualities counted for nothing to the deputy head tasked with improving attendance. Hers was below 87% and he wanted to exclude her. So, where is the humanity?

Real learning is dirty, laborious, exciting, dangerous... even, at times criminal (Prometheus did steal the fire, after all). And while it can't all be "Captain, my Captain" it equally does not seem unreasonable, in a liberal democracy, in the 21<sup>st</sup> century festooned with psychological and scientific insights, to expect some empathy, some capacity to see the other as an entity entire, to creep in. To relate to each other as complete "objects", not as functions to service our own preoccupations and anxieties. For that to happen the Apple Barrel Builders – the policy makers, the politicians – might just have to let go a bit. In my darker moments I wonder if the political focus on schools is less about educating the next generation and more because annual GCSEs are a reliable metric through which a government can demonstrate its effectiveness: but at what cost? If the actual experience of learning becomes a turn-off it benefits no-one. Because, when I heard – really heard – what my group were saying, the implication gave me vertigo. If the idea that schools teach just to scramble a few points up the league table gets out and becomes an adolescent meme, "schools don't care, they just need us to make them look good", well, that's a very easy way to turn a generation off learning for good. Now that is something we cannot afford.

# *The human costs of welfare form: The reflection of reality in film*

John Grahl

I, Daniel Blake, the prize-winning film directed by Ken Loach, mounts a powerful and moving challenge to the way vulnerable people are treated in Britain's welfare system. Predictably, Iain Duncan Smith who as Secretary of State for the Department of Work and Pensions (DWP) presided over the introduction of harsh new disciplines for unemployed and sick claimants, is upset by the film's release.

"I did think that whilst on the one level this was a human story full of pathos and difficulty, and I'm not saying for one moment there aren't serious difficulties and issues when you're under pressure, when things like this happen ... the film has taken the very worst of anything that can ever happen to anybody and lumped it all together and then said this is life absolutely as it is lived by people, and I don't believe that."

Duncan Smith's obviously troubled conscience perhaps does him credit. The evidence, however, is that these things happen to many people much of the time and reveals the conservative government's profound lack of understanding of the reality of their ongoing welfare reforms. This applies equally to the new government consultation introduced by IDS's successor Damian Green - Work, Health & Disability: Improving Working Lives.

Contrary to the denials of Iain Duncan Smith, claimants are frequently treated by the DWP with disdain. The United Nations is for the second time carrying out investigations into the impact on human rights of UK welfare reform, their first such report being a chilling account of the impact of housing reform with a call to abolish the 'bedroom tax'. A new inquiry is being carried out by the UN Committee on the Rights of Persons with Disabilities drawing on the consistently powerful campaigning work of Disabled People Against the Cuts (DPAC). It shows how continuing welfare reform abuses basic human rights in the UK.

The speed of welfare cuts is chilling. Sanctions have been curtailed since the frenzied climax of late 2014 when nearly 100,000 people – about 3% of all out-of-work and chronic sick claimants – were being sanctioned each month. There is no doubt that at that time DWS staff were given informal

encouragement to impose sanctions. These currently run about 18,000 per month but may again be on the rise.

How this is done varies but includes many cases where seriously ill people are declared to be fit for work. The government seems to be trying to classify as many claimants as possible as fit and has made use of unscrupulous companies with inexperienced staff, such as Atos, finally dropped by the government after much negligence and innumerable blunders, in pursuing this goal.

There are very frequent delays in the mandatory reassessments which are supposed to follow such declarations and people judged fit for work are immediately moved off ESA (Employment and Support Allowance, a New Labour replacement for Incapacity Benefit) onto JSA (Jobseekers Allowance) which is usually much lower, even if they have appeals pending and even although very many of these appeals succeed. They may be moved back onto ESA levels when their appeals are lodged but they cannot lodge an appeal until mandatory reassessment has taken place. Claimants face a dilemma – accept JSA benefits and rules or gamble on a successful appeal and back payments of ESA after a period without either benefit.

Such appellants have to meet all the oppressive and dysfunctional requirements imposed on job-seekers – CV lectures, endless consultations of useless websites, hopeless job applications and so on. They may be encouraged to undertake “voluntary” work experience without pay. Once they agree, however, the “experience” becomes compulsory and failure to complete it is sanctioned. Sanctions are imposed very frequently on these claimants in particular and on unemployed and chronically sick claimants in general, often for very minor infringements of the DWP rules.

This is a matter of life and death for claimants. DWP's own statistics reveal that 2,380 people died between 2011-2014 after being moved off ESA. Ninety people a month are dying after a work capability assessment (WCA) declared they were fit to work. The DWP claims the statistics proved no causal effect between benefits and mortality. It said: “These isolated figures provide limited scope for analysis, and nothing can be gained from this publication that would allow the reader to form any judgment as to the effects or impacts of the WCA.” Guardian 27/8/2015.

Of those that survive the process, many are pushed into poverty. Resort to food banks by thousands of the sanctioned is in no way exceptional and DWP staff themselves rely on foodbanks to lower the risks of sanctioning claimants. The main charity involved, the Trussell Trust, reports benefit delays and benefit “changes” as the first and third reason for referrals respectively

## Primary referral causes in 2015-2016 to Trussell Trust Foodbanks

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1. Benefit delays (27.95%)
2. Low income (23.31%)
3. Benefit Changes (13.50%)
4. Other (11.86%)
5. Debt (6.75%)
6. Homeless (5.1%)
7. Unemployed (5.03%)
8. Sickness (2.67%)
9. Domestic Violence (1.52%)
10. Delayed Wages (1.12%)

<https://www.trusselltrust.org/what-we-do/>

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“The Trussell Trust’s 400-strong network of foodbanks provides a minimum of three days’ emergency food and support to people experiencing crisis in the UK. In 2015/16, we gave 1,109,309 three day emergency food supplies to people in crisis.”

The main female figure in the film, a single mother denied benefits eventually takes up sex work to support her family. Here, as one might expect, it is difficult to obtain accurate statistical data but connections, and not just anecdotal ones, have been established. The Social Security Advisory Committee, an official body which comments on DWP practice, certainly sees such a connection in the case of drug users: “Claimants with substance misuse problems are already sanctioned disproportionately as a result of the often chaotic nature of their lives. We do not believe that the introduction of an enhanced benefit sanction regime would support behaviour change. There is little, if any, evidence that strong mandation will support the treatment of substance misuse claimants or encourage them to move closer towards the labour market. It may, in fact, move people further from the labour market as they drop out of the benefits system and turn to other sources of income such as crime and prostitution.”

There is nothing exaggerated or atypical in Loach's portrayal of the welfare system and of the suffering it inflicts. I, Daniel Blake ends with the death of the main protagonist but in this event likewise the film condenses; it does not distort.



# *Being an outsider insider*

-  
Julia Macintosh

There are three of them and one of me. They sit across the table, watching me intently, weighing up my best-attempt responses to their relentless line of questioning. Judge, jury and executioner – and me, interview candidate for the umpteenth time in as many months, honest witness of relevant experience and earnest defendant of transferable skills.

We all have stories to tell about job interview disasters and even the odd triumph. Some of us have even sat behind that table, shuffling papers and scribbling notes, listening and considering, and then forming conclusions out of stray details. Interviews are crazy, when you stop and think about it. An hour or two of nervous chat based on prescriptive questions and superficial judgements, leading ostensibly to long-term relationships with people you've not even yet met.

No interview can really predict how an individual will perform in post, how relationships will unfold. Every employee comes with his or her own motives and needs, limitations and issues, his or her own personal style and character flaws. Interviews are at best a broad hint and at worst a blind luck of the draw. No matter how neatly we may jump the professional hurdles during interview, we all must then roll up our sleeves and delve into what Lionel Stapley calls 'the politics of identity.' He writes that

"... every relationship between two individuals is a constant psychological negotiation in which each is trying to impose on the other his picture of the other and correspondingly also to ensure that the other's picture of him fits, or is the same as, his picture of himself. That is the politics of identity."

The politics of identity involve the leveraging of power based upon any number of personal, qualitative factors – and here is where we run up against the invisible walls and ceilings that obstruct people from minority groups – those groups with protected characteristics as defined by the Equalities Act 2010, such as gender, disability, ethnicity or sexual orientation, for example.

A recent study by the Equality and Human Rights Commission found that BAME (Black, Asian and minority ethnic) graduates are two and a half times more likely to be unemployed and will earn 23 per cent less than white graduates.

This tells a story of insiders and outsiders – those with power and those without.

In her 1996 book Power and Sex, Nobel-Prize-nominated peace activist Scilla Elworthy speculates that we are entering a third stage of human history, one which brings into balance the masculine and feminine principles of power – what she terms domination power and hara power. Of domination power, she writes: “... it is easy to see that what power means to most people is force, strength, influence, domination, authority, rule – and ultimately military force... [which have] as much to do with manipulation and control as with physical force.”

She then contrasts this with her term hara power, hara being “the point of perfect balance in the body.” (Elworthy 1996, p. 79) She goes on: “Hara power is receptive. It resides within. It lies in the interior – the spirit, the psyche, the body. The healthier all these are, the stronger the power. Hara power is neither specifically male nor female but is a synthesis of the two, and is available equally to men and women.” (Elworthy 1996, p. 80)

This opens up an intriguing suggestion: locating power within oneself, rather than outside of oneself as granted by social structures. Much of mainstream social activism focuses its efforts on reclaiming external, social and political power from those who possess it. While this is unquestionably valuable, it will only take us so far; it is not the full story of what is needed to achieve true equality among all people.

We all – men, women, people of all races – suffer under the warped dynamics of domination power. Domination power reinforces shallow and even demeaning versions of personhood, leaving everyone to define themselves within narrow cultural parameters and expectations. Our current economic arrangements, including the structures and standard practices of paid employment, are the products of domination power. Organisations and hierarchies impose themselves upon individuals who must conform to requirements in order to be hired and thereby earn a living.

What if we turned this tradition on its head and approached all work as the opportunity to practice hara power, rather than as the necessity to submit to domination power? It requires a subtle internal shift, but leads to a vastly different outcome. When our attention rests on the inner space, and meets all others as equals – that is, equal beings likewise navigating this unexpected journey called life – we bring a fresh perspective to the politics of identity. We become focused on the unleashing of healthy hara power within all individuals, rather than the shifting of unhealthy domination power from one group to another.

So let me briefly bring you back to where we started, with me sitting in the interview seat, facing my potential employers. The last time I succeeded in a job interview, I had watched my words and held my

tongue. I had pretended for them that I was the person they wanted me to be, tossing out sector-specific jargon, exaggerating my enthusiasm. I was rewarded for this with five miserable years in a dysfunctional, demotivating and fear-filled workplace.

The politics of identity brought out the worst in that particular group of people, within the culture of that particular organisation. Never again, I promised myself five years and one nervous breakdown later. Never again will I play the career game at my own expense. Never again will I deny my inner truth for the sake of a payslip and a few more lines on my CV.

Instead I decided to confront what [Adam Bucko](#) calls “the reality of living a divided life, such as complete withdrawal or a separate career divided from one’s soul and its deepest aspirations.” These dualities no longer apply if enough of us choose to follow our inner truth. In this new dynamic, the job interview could become an honest conversation, rather than a series of hoops to jump. Work could serve people, rather than people serving work. We could bring our insides to the outside, and allow the outsider to become an insider.

# Inflammatory Projective Identification in Political Rhetoric: understanding Brexit



David Morgan

*"It is always possible to bind a number of people in love as long as there are others left over to receive the manifestations of their aggressiveness - the outsider may be different in only minor ways, but this will suffice."*

Freud, Civilisation and Its Discontents.

The Brexit campaign was notable in recent history for the explicit use of xenophobic rhetoric. Attempts to understand this phenomenon, have involved everything from deconstructing the psychology of the politicians championing exit to conceiving of the hate speech directed towards migrants as a byproduct of unchecked political ambition. However, a deeper explanation for why this inflammatory speech has become so widely promulgated, may lie in considering how "bodies" - both individual ones as well as the body politic they constitute - attempt to stay safe under conditions of perceived threat. And moreover, how politicians manipulate groups of people by priming them with this fear.

Psychoanalytic ideas can help us understand our powerful attitudes towards migrants. The migrant threatens us were it hurts in the overwhelming and unconscious fear that there is not enough to go round, so real global inequality lies at the heart of the anxiety, that the other creates. The need to get others to carry this sense of superfluosity and this social Schadenfreude is then paramount.

Asylum seekers serve as a perfect projective object and we dispose of our unwanted anxieties into them. Lumped together in a manner that combines superfluosity with racism. They become the barbarian at the gate. This is also heightened and manipulated by ISIS and their avowed management of savagery.

Freud contributed enormously to our understanding of the mind. However, nothing human can be understood in the abstract. We also have to interpret thoughts, feelings and behaviours in their social context. This emphasis in psychoanalysis is a constant criticism made by the Left, of psychoanalysis, this concentration on the individual psyche, they say, can block an understanding of the mind that is rooted in

social labour and inequality. Whilst psychoanalysts might say an over emphasis on the social, turns a blind eye to the innate aggressive tendency of human kind.

Crucial here are those social processes that support denial of our nature and the splitting off of uncomfortable aspects of ourselves and locating them in others. The Nazi regime both created a terror and used Jews, gypsies, homosexuals to embody that superfluosity.

However, just as Freud refused to believe unreservedly his patients' report of trauma, some in the neo-liberal world refuse or find it difficult to acknowledge the traumatic legacy of slavery and the ongoing trauma caused by imperialism, war, oppression and exploitation. So psychoanalysis can be seen to collude with neoliberal narcissism in generally refusing to understand what people suffer from, as also having to do with societal conditions not just individual ones.

One effect of this can be reproduced in the consulting room, when clinicians unconsciously reproduce a disconnect between the privileged and the socially excluded either by normalizing the privilege of the privileged or through learning to turn a blind eye to the disparity between those treatments available to the rich and those available to the poor.

This from a conversation between a migrant and an analyst in a hostel.

"If you are an analyst you must love the Jews as Freud was a Jew. "

"Indeed I might love some people who are Jewish but this seems in his mind to suggest I cannot also love someone from another culture. It has to be one or the other."

Who we are depends upon the conflicts of love and hate shaped by feelings of knowing or not knowing the primary other and of feeling unknown or negatively known by the other. Just as learning and change are impacted by issues of love and hate, what we know or find out about the self and other can generate greater degrees of love or hate. Thus, projective cycles of healthy learning, loving, and growth emerge or, in many cases of psychological disorder, a confining cycle of persecution, loss, and censored thought solidify.

For analytic treatment to be successful, the therapist must be constantly working to understand this and interpret this in terms of both defence and underlying anxiety (Morgan D. (2013) *Is It 'Coz I'm White?!'* In *Thinking Space: Promoting Thinking About Race, Culture and Diversity in Psychotherapy and Beyond*, edited by Frank Lowe). I would add that the analysts own sense of self and security in their own

certainties at these times, or in these times, faces with moral political and social uncertainty must also be explored. Psychoanalysts are still predominantly white middle class and live not far from Hampstead. I have been amused when colleagues living and working from houses worth several million pounds evinced surprise at the intense envy of their patients when an interpretation suggesting that the patient is anxious that my standard of living makes it hard for them to feel that I could possibly understand what they are experiencing, might be called for.

This is very rarely addressed I feel when addressing cultural and social differences when we are people from a relatively stable western culture and until the recent Brexit result, a fairly complacent one.

This quest for an open mind is in part based in a belief that others might serve as collateral to find the antidote to fundamental anxiety and mental distress and

In such a chaotic and perilous state of mind, psychological experiences are characteristic of the paranoid-schizoid part-object world in which the focus is more on self survival and extremes of love and hate than the more object-related, flexible, depressive state of mind.

Psychoanalysis can help understanding the political crisis we're in; projective identification is used to evacuate knowingly or unknowingly into the other all we do not want to know in ourselves. This includes our knowledge of our own state's economic exploitation, our complacency, and relative ignorance of the many other countries these people come from. Unfortunately our culture has an ignoble history and we ourselves in our consulting rooms are redolent with that history.

The catastrophic changes which the migrant faces (Berger, *The Seventh Man*) are not on the margins of modern life but are absolutely central to it, presenting a mode of living that pervades the countries of the West and yet is catastrophically excluded from it. Psychoanalytic ideas help us to understand that there exists a part of our culture that requires a projection bucket - an 'in/out' vote to evacuate unwanted elements into.

# *Trade Unions as Social Spaces in a Context of Crisis and Change*

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Miguel Martínez Lucio

When we think about trade unions there are various images that come to mind. Normally these relate to forms of collective action and strikes, the late night negotiations with employers over pay increases, and the political role they play as in the current internal Labour Party debates. Whilst things have changed there are views which do not always capture the way trade unions evolve and engage. There are also absences in understanding the changing culture and social aspects of trade unions as spaces where individuals engage and mutually learn from experience and discussion. That people's lives are changed by such engagement and that, to varying degrees, trade unions are networks of individuals and groups linked to broader communities is rarely discussed. The fact that in addition to their formal, conference policies and actions they are cultural spaces is something that those not researching on and/or working with trade unions do not acknowledge or realise. Yet for many individuals the link to the union is much more of a lived and cultural experience.

As stated, there is much said about trade unions in terms of their relevance. Given the changes taking place in terms of the continuous nature of economic uncertainty (pre- and post-Brexit), the decline of stable work, the emergence of highly unstable and precarious forms of employment, and a greater degree of work intensification, we are being told by the media and the 'policy community' that trade unions are not suited, or are unable, to keep up with this moment of chaotic capitalism. This is partly due to a model of trade unionism which, during the twentieth century, was leaning towards a more organised and coordinated relation with employers and the state at a time when economic structures and relations were clearer – to some extent. Planning and long-term negotiation – even in a more market and voluntarist model such as that of the UK – allowed for a greater political and regulatory influence from unions. Leading academic journals such as the British Journal of Industrial Relations or Work, Employment and Society, and the Industrial Relations Journal have been documenting the changes for some time. An entire generation of debate on questions of decline has emerged since the mid to late 1980s (perhaps before in some cases) and academic careers build around these themes and narratives.

However, the resilience of trade unions and their ability to respond to change has been equally noted not least through the work of labour and employment relations such as Carola Frege, Ed Heery, John Kelly, and Lowell Turner, amongst many on questions of trade union revitalisation and renewal. Trade unions have begun steadily to look at new ways of championing the 'outside' worker – 'self-employed' taxi drivers, the unprotected/under-represented in the large population of cleaning workers and a range of new mega-warehouse workers lost in the satanic spaces of large retail and logistics corporations. This is being undertaken through new forms of living wage campaigns, publicity campaigns focusing on the new forms of work exploitation, the use of local community-based strategies and alliances, and social media strategies that link and highlight struggles. Both the traditional and newer trade unions and trade union networks have responded through highly innovative strategies, perhaps to variable degrees. For example, community-oriented trade union strategies have been used to link to a broader coalition strategy with civil society groups as, for instance, pointed out by the work of Jane Holgate, Jo McBride or Jane Wills amongst others. Whilst trade union strategies regarding less stable and 'insider' groups of workers have not always been consistent – as in the case of migrant workers and large groups of female workers – there have been shifts for some time in the general orientation of their organisational roles. There is a greater attempt in various cases to move beyond the workplace in terms of strategic focus and organisational structure - such as the location of union meetings or the use of meetings.

It is noticeable that trade unions can be important personal reference points rather than simply a buffer or defence – or legal 'insurance scheme', even – against the challenges of our ever-changing work and the behaviour of management. Trade unions do offer new roles, which is the subject of increasing study within labour and employment relations. For example, there is a wide engagement with trade unions as learning spaces that provide access to a range of supports, from technical skills through to social and personal development, although recent restrictions on state and public funding for some of this type of work has questioned the further development of this. Nevertheless, learning has continued to be a major means by which trade unions provide more supportive and innovative spaces for their members and workers. The work of Jason Heyes, Sian Moore and Mark Stuart in the UK, and others, has been central to these discussions.

The point is not about being an endless optimist, or someone who does not realise the political and personal tensions around these issues and within trade unions. Quite the contrary: these are all contested terrains and are subject to different approaches and trade union views. There are very real tensions in terms of internal organisational trade union changes and restructuring in many cases.



Yet, we find that many of the more innovative developments are not always acknowledged beyond the realm of the study of labour and employment relations. Trade unions remain misrepresented by the media and by various academics not involved in the study of work as employment. Within this, the notion of community is key – not solely as a strategy linked to social coalition building, but also as a new way of looking at social and personal supports and networks within work, and within and around organised labour. Trade unions and broader sets of workers' representation can be cultural spaces. The use of cinema, theatre and reflective discussion is important to the way debate and understanding can be developed, as in the National Union of Journalists' use of a film season in Greater Manchester to enliven discussion and engagement across different sets of journalists and media workers.

We have witnessed the evolution of activist networks, such as [Black Activists Rising Against Cuts](#), which have a considerable trade union input and configure strategies around culture and resistance, as well as using traditional campaigning techniques. The National Shop Stewards Network tries to connect worker representatives across and between workers and sectors so as to create general politics of personal resilience and collective learning. These are all examples of networks of support and assistance using new lateral ways of creating dialogue. The importance of trade unions – for all their political differences and tensions – in creating spaces for personal support and dialogue between members and workers more generally informally and through social spaces is one that is becoming increasingly important be it through trade union social strategies, organisational activities and moments of mobilisation. The way a politics of mutual support, friendship and understanding amongst workers can emerge and allow more informal dialogue to develop is something which suggests that, within workplaces and in communities, trade union and worker collectivism as a social space is important for generating a genuine basis or dimension – perhaps not in isolation – for seeking new solidarities which are meaningful in how they change perspectives and lives. This suggests we need to broaden our view of how the 'traditional' forms of representation can sometimes renew themselves as spaces and experiences for genuine personal resistance, hope, and mutual support between workers.

# *The Psychodynamics of Solidarity*

Elizabeth Cotton

Despite women working in higher education still being paid 12 per cent less than men and half of all teaching staff on precarious contracts, last month 57 per cent of my union's members voted against taking industrial action over decent pay in education. You don't need to be an internationally recognised expert in industrial relations to do the solidaristic maths.

People, at what point did we trade in protection at work for the short lived comfort of protectionism?

Up until this result I had been entertaining the feeling that as I get older I get cooler. As a feminist trade unionist working in mental health I can clear a room, but these days the capacity to spot a fascistic future early enough to do something about it has high societal currency.

We have had a bad year for fairness and like most of you reading this blog, I'm sad, tired and angry. At one point in November I remember waking up thinking 'my entire working life was a total waste of time'. I bought make-up to cover up my inability to regulate my emotions at work and I listen to Public Enemy, like a lot.

Although the dominant narrative about trade unions within liberal market economies is that they are outdated and defunct organisations, the current economic conditions mean they are the only show in town. Seriously, it's hard not to laugh out loud at the prospect of a political class who have never worked for money defining an industrial policy without trade unions. With no actual government strategy and the disenfranchisement of the growing majority of low wage workers in the UK, who exactly do you think knows how to resolve this?

Apart from the fact that trade unions continue to be the largest workplace membership organisations in the world, it's only when trade unions can operate that basic stuff like living wages and rights at work can be secured. Bluntly, the more trade union members there are the higher the union negotiating power, leading to higher wages and decent jobs. It's just weird to suggest otherwise.

One of the problems of being a trade unionist – apart from victimisation and a downward pressure on

your promotion prospects – is that you're part of an imperfect system. In the fallout from Brexit, I spent a lot of time on anti-racism demonstrations and cringed at the absence of trade unions banners. Activists were there, our organisations not. Stunned that the race card had divided the workers yet again. Back to the 1970s, minus the great music.

When Stand Up to Racism happened and the real deal of local anti-racist activism in this country came up for air I was proud to see my union on the list of organisations that had sponsored the campaign. But I'll admit that when my General Secretary stood up to make a speech I didn't clap. Surly maybe, but it left me with a question about how it is that my own union couldn't join the dots between fairness for migrants and fairness for the women and hourly paid workers in my union. How did equality get traded in so easily?

I'm going to get a bit Industrial Relations on you now. It's what I do.

For several decades, there has been a general decline in traditionally strong trade union memberships across Europe. Since 2008 we have seen a decline in national level collective bargaining and large scale cuts in public sector jobs, renewed privatisation, and a massive growth in underemployment and temporary contracts. This has contributed to a decline in public sector union membership, the stronghold of trade unionism globally, and has put a downward pressure on union power in relation to wages and job security.

In the meantime precarious work has grown, faster than we could ever have imagined. In universities we now have 50 per cent of university lecturers on hourly paid contracts. Yup, 50 per cent of staff have no real protection at work. Almost funny for those of us teaching employment relations to the next generation of managers.

That's not to say that all precarious workers don't organise – many do and all over the world too. From the Colombian contract miners to the Deliveroo workers in the UK, push people far enough and they will organise. Sometimes established unions are part of these organising drives, sometimes not. Either way, the motivation to join a union that provides genuine protection is getting stronger.

The reasons that you may not get to hear about these sustained organising campaigns are multiple.

**Firstly**, the daily grind of organising workers in the current climate is literally exhausting. In my experience the people doing it are modest and brave and the last people on earth to tell you about the good work they are doing. Trade union organisers are the best kept secret of workplace survival in this

country.

**Secondly**, the reasons why people associate with the people around them are not straight forward. Solidarity is a central organising principle for trade union activity, referring both to the principle of common action with others and to the identification of one's own interests with theirs. Although some conceptions of solidarity presuppose a shared collective identity – such as class – increasingly the diversity of workforces and trends in labour migration cannot assume a homogeneity of identity. A solidaristic model of cooperation has historically been underpinned by class identification and a focus on collective interests, something that does not cut it if you're asking an hourly paid lecturer to go out on strike over pensions.

Solidarity understood as an identification between homogenous groups of working people is increasingly not responsive to the diversity of working people's lives and political positions. As a result, the issue that unions are constantly needing to address is how to build relationships between increasingly insecure and precarious working people sufficient to mobilise collective action.

**Thirdly**, there is an inherent tension between the two faces of trade unionism, the 'sword of justice' where unions defend the oppressed and underprivileged and a model of 'vested interests' where the focus is on defending particular interests of a smaller group of increasingly elite workers. As a result, the fundamental question for trade unions rests on how they can mobilise workers in defence of collective interests and values despite the splits between us.

The psychodynamics of trade unions are important here. Solidarity is often understood within unions as solidarity against a political or economic actor. For unions in hostile environments a common defensive position is to locate and project all problems in external actors, as a way of creating a cohesive group identification. Acts of solidarity carried out against an employer for example, can powerfully build what Turquet calls 'oneness', observable in groups of workers engaged in workplace organising. Them and Us.

Because of this, there is a strong potential for becoming ideologically defended, a defence of 'being in the union' that denies difference and relies on a group mentality that maintains a sense of belonging. This way of functioning tends to highlight intra-group conflict while underplaying inter-group conflict where the diversity of memberships and individual difference are denied.

The problem is that to really build solidarity we have to grow up and accept that unions are both including and excluding. To accept that we walk a thin line of being identified enough with some central

principles to actually do something for each other but not so over-identified that we can't stand the real diverse nature of working people.

These societal changes mean widening the organising model towards a relational model of solidarity where trade unions create spaces where working people can understand societal and industrial changes taking place, build dialogue and strong solidaristic relationships in situations of industrial conflict that can mobilise members to act over collective grievances and social justice in a context of diminishing resources.

There is a compelling regressive fantasy of 'in or out' that is settling in our unions that now needs to be challenged. Historically critical insiders, particularly labour academics, take a sustained beating for raising public debates about the future of unionism. This doesn't help much, leaving the important and difficult conversations about the future of workplace organising to green room discussions by an increasingly limited gene pool of functionaries.

At the end of the Stand Up To Racism event a woman from Thanet stands up and says:

"I don't need a lecture from you lot on the stage about neoliberalism – I need help and support to talk to the people I live with who are not actually racist, but voted to leave the union. This is a daily slog that I do because I can't afford to move anywhere else. We're stuck together and I need help making it as good a place as I can."

To organise solidarity in the current climate means allowing people to be critical of what is going on in their union. If we are to live the grown up politics that are needed to really build solidarity at work we all just have to get stuck in and build our relationships at work. [Join a union](#) and battle it out with the people who are both in and out of that union. Without defending the principles of solidarity that underpin social justice, protection at work becomes just protectionism. It's the principles, stupid.

# Contributors

**Elizabeth Cotton** is a writer and educator working in the field of mental health at work. She teaches and writes academically at Middlesex University about employment relations, precarious work, business and management, solidarity and team working. Elizabeth worked as an organiser and educator for the Miners' International and has worked with activists from 35 developing and transition economies. She has worked as a psychotherapist in the NHS and her current book *Surviving Work: Helpful stuff for people on the frontline* is published by Routledge. In 2016 she set up an online resource with the Tavistock & Portman NHS Trust for healthcare workers [www.survivingworkinhealth.org](http://www.survivingworkinhealth.org).

**Julian Lousada** is a psychoanalyst, organisational consultant and a founding partner of Peopleinsystems. He is a former clinical director of the adult department at the Tavistock & Portman NHS Foundation Trust. He was previously chair of the British Psychoanalytic Council.

**Ian Simpson** is a group analyst. He was Head of Psychotherapy Services at a major London teaching hospital for 20 years. He retired from the NHS 4 years ago and continues to have a small private practice offering individual and group psychotherapy, supervision and reflective practice for staff teams. He has written several papers and book chapters on group dynamics, containment and contextual safety in the workplace.

**Ruth E Jones** is a Psychoanalytic Psychotherapist, Clinical Supervisor and Organisational Consultant in Private Practice in Medway, Kent. She has a background in international community projects, working with people with AIDS, with sex workers and with migrants in Europe, and with children, families and adults here in the UK. Initially trained as an Art Therapist she co-edited *Psychodynamic Art Therapy Practice with People on the Autistic Spectrum* (2014) and has written *Foreshoring the Unconscious, Living Psychoanalytic Practice* (2010). Ruth is currently exploring how Psychoanalytic Energy Psychology can offer new healing paradigms for the 21st Century.

**Gillian Proctor** is the programme leader for the MA in counselling and psychotherapy at the University of Leeds. She is a clinical psychologist and a person-centred therapist. She has written extensively on issues of power, politics and ethics in therapy and healthcare. Her book, first published in 2002, entitled 'The dynamics of power in counselling and psychotherapy: Ethics, politics and practice' has just been published in second edition (including a new chapter about IAPT) by PCCS Books (<http://www.pccs-books.co.uk/>)

**Steven Toft** is a consultant with 25 years experience of leading and facilitating organisational change. He has worked in more than thirty organisations in different sectors and across Europe and the Middle-East, including Skype, LendLease, Pro Insurance and the NHS. Before starting his own business, Steven worked in the Human Resource Consulting practice of PricewaterhouseCoopers and in HR, Compensation and benefits and HR systems roles for NatWest, British Gas and RAC Motoring Services. Steven is a prolific writer on the labour market and the future of work. He has written for the Guardian, the New Statesman and Prospect. He is a member of the CIPD Policy Forum and in 2013 won the Editorial Intelligence independent blogger award. In May 2016 he was No 5 on People Management's list of the Top 20 social media influencers.

**Chris Manning** is director of UPstream Healthcare Ltd; chair of the Faculty for Mental Health at the College of Medicine; and trustee of Richmond Health Voices' Healthwatch. He was a GP in Twickenham for 18 years and had major depression in 1986. He retired from the NHS in 1999 to work in the mental health third sector as trustee/chair of Depression Alliance and then founded the primary care mental health and education charity Primhe. He has had a concern for the health and wellbeing of doctors and the quality of care that depends on both for over three decades and is a founder of Action for NHS Wellbeing.

**Helen Spandler**, PhD is reader in mental health in the School of Social Work, Care and Community at the University of Central Lancashire and one of the editors of Asylum: the magazine for democratic psychiatry. [www.asylumonline.net/](http://www.asylumonline.net/)

**Keith Venables** grew up on a council estate in the North West of England and was the only person on his street to go to university. He retired with 4 MAs and gained one the British Psychological Society's "Distinguished Contribution Awards" in 2012. He is a socialist activist, delighted with the renewal of progressive ideas in Britain, and chairs the significant national group Health Campaigns Together.

**Philip Stokoe** is a Psychoanalyst (Fellow of the Institute of Psychoanalysis) in private practice working with adults and couples, and an Organisational Consultant, providing consultation to a wide range of organisations. He was a Consultant Social Worker and Senior Lecturer in the Adult Department of the Tavistock & Portman NHS Foundation Trust between 1994 and 2012. He was the Clinical Director of the Adult Department from 2007 to 2011. He has a reputation as a successful teacher and has taught and written about the application of psychoanalysis in a wide range of settings; Supervision, Leadership,

Groups, Organisations, Ethics, Borderline Disorder, Adolescence, Residential Work, Working with victims of Sexual Abuse, Psychological Services in the NHS, Couple Relationships, and Politics. He has particular interest in human creativity as it relates to the development of the mind and the central role of curiosity and interest.

**Clive Morton** is Professor of Corporate Governance and Business Development at Middlesex University Business School London. He is also a Chartered Companion and former Vice President of the Chartered Institute of Personnel and Development (CIPD). Clive is an experienced and successful company director with four decades of leadership in public, private and third sector organisations. He has been Director of Personnel/Human Resources for Komatsu UK, Northern Electric, Rolls-Royce Industrial Power Group and Anglian Water Services. He has chaired NHS trusts and was founder chair of PMETB the UK body for medical doctor training. His doctorate is in Industrial Relations from LSE and he has published 6 books on HR, CSR, public-private partnerships, competitiveness and sustainability.

**Daniella Angueli** (PhD Psychoanalysis) is a Honorary Research Fellow at Birkbeck University London, Department of Psychosocial Studies. Her recent research focuses on the pathological forms of human instrumentalisation and unconscious states of submission to an authority from a structuralist psychoanalytic perspective. Daniella Angueli is a Clinical Psychologist in private practice. She is also a member of the Laboratory of Psychopathology of the University Rennes 2, France, and member of the French Society of Psychology (SFP), France.

**Marianna Fotaki** is Professor of Business Ethics at the University of Warwick's Business School. She holds degrees in medicine, health economics, and a PhD in public policy from the London School of Economics and Political Science. Before joining academia in 2003 she worked as a medical doctor in Greece, China, and the UK, as a volunteer and manager for humanitarian organizations Médecins du Monde and Médecins sans Frontiers in Iraq and Albania, and as the EU senior resident adviser to governments in transition (in Russia, Georgia and Armenia). Marianna is at present a Senior Editor for Organization Studies, and co-directs pro bono an online think tank [Centre for Health and the Public Interest](#), a charity that aims to disseminate research informing the public and policy makers. Marianna was a Network Fellow at the Edmond J Safra Center for Ethics, Harvard University, in 2014-2015.

**Annette Clancy** is a lecturer/assistant professor of Organisational Behaviour at University College Dublin Ireland. She earned her PhD at the University of Bath where her doctoral research investigated disappointment (frequently assumed to be a 'negative' emotion) and explored how it might be reimagined as a catalyst for organisational learning and creativity. She received her MSc from the



University of Sunderland where she studied systemic organisation and management. The focus of Annette's research is on emotion in organisations and in particular how unconscious dynamics influence and inform how work is performed. Prior to joining UCD Annette ran her own organisational consultancy practice for over 17 years. She consulted to and coached senior executives in over 100 organisations across the public, private and not for profit sectors in Ireland, the UK and the USA. Prior to her consulting career Annette held senior management positions in the cultural sector in Ireland and the UK.

**Jane Tinkler** is currently Senior Prize Manager for the Nine Dots Prize, a major new initiative for the social sciences. It aims to stimulate research into vital but under-examined questions with a relevance to today's world. It will launch in October 2016. She recently spent a year seconded to the UK Parliamentary Office of Science and Technology (POST) as Senior Adviser in social science. She has been a social science researcher for nearly ten years working on applied projects with government, civil society and academic partners. Prior to joining POST, she was based in the Public Policy Group at the London School of Economics where most recently she worked on the impact of academic research in the social sciences. Her recent publications include: (with Simon Bastow and Patrick Dunleavy) (2014) [The Impact of the Social Sciences: How academics and their work makes a difference.](#)

**Xavier Eloquin** is an educational psychologist and organisational consultant working in the public and private sector. He is an associate fellow of the British Psychological Society. He is a visiting lecturer on group and organisational dynamics for the Tavistock Clinic Educational Psychology Doctorate course.

**John Grahl** is professor of Economics at Middlesex University. He specialises in the economic and social policies of the European Union. A particular interest is in the social consequences of financial change in Europe. He is a founder member of the EuroMemo group which produces an annual critique of EU policies and has contributed to all twenty-one of its memoranda.

**Julia Macintosh** lives and works in Edinburgh. With a varied career in the voluntary sector, she is currently transitioning into the field of transpersonal psychology. Julia has recently set up the Pandora Project ([www.pandora-project.com](http://www.pandora-project.com)), which explores the intersection of mental health, spirituality and experiences of personal crisis. She also blogs at [www.juliamacintosh.uk](http://www.juliamacintosh.uk).

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City University, London, and a director of (PiP) [Public Interest Psychology](#). He provides consultation to the public and private sector, including organisations of a political and social nature, and is a regular speaker at conferences. He was co-editor with Stan Ruszczynski of Lectures on Violence, Perversion, and Delinquency (Karnac, 2007). His next edited book, The Political Mind will be published by Karnac in 2017.

**Miguel Martínez Lucio** works at the University of Manchester (Alliance Manchester Business School) and is a UCU & UNITE member. He has an ongoing interest in the changing patterns and politics of regulation and representation in relation to work and employment. Much of his work is comparative in nature. He studied Politics at Undergraduate and Masters level at the University of Essex and received his doctorate from the University of Warwick in Industrial Relations.

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